

Gender role and sexuality in male survivors of childhood sexual abuse

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Submitted on 4th June 2018

Word Count 25,669

Submitted in partial fulfilment of the degree of Doctorate of Clinical Psychology

University of Liverpool

Acknowledgements

First and foremost, I would like to thank my three supervisors; Dr Gundi Kiemle, Dr Michelle Lowe and Bob Balfour for their valuable support and guidance throughout the three years; from initial development of ideas through to data collection, analysis and publication. I never envisaged to gain so much from this process, however, I have learnt so much which is testament to their wealth of knowledge, expertise and tireless encouragement. Nothing was ever too much. It was a pleasure sharing this experience with them.

I would like to thank Ms Lynn McClymont for transcription services. I would also like to thank Ms Elizabeth McCracken for creatively designing the PTG helix diagram. I would especially like to thank Ms Laura Willets for being an independent reviewer and carefully screening my systematic review articles. I would like to extend my appreciation to Emily Joseph and the rest of the admin team for facilitating the logistical aspects of the research. Furthermore, I offer my sincere thanks to the University of Liverpool Doctorate of Clinical Psychology team for their ongoing support and for giving me the opportunity to carry out such important research.

I would like to express a special thanks to Survivors West Yorkshire, Survivors Manchester and Mankind for their assistance with recruitment. In addition, advertising of the study would not have been possible without Twitter and Facebook which provided a platform on which the study was viewed. Thank you to all who have supported the research through 'likes', 'shares' and 're-tweets'. However, my greatest appreciation is to the twelve inspiring male survivors who not only gave up their time to share their extraordinary stories, but also communicated an open and authentic insight into their experiences, which was fundamental to the meaningfulness of the research. For that I am enormously grateful.

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The support I have received from family and friends throughout this process has been essential in my journey. I would like to thank my friends for their understanding of my weekend work commitments. My family's endless love and reassurance has provided much needed comfort throughout this process and helped me to develop as a Clinical Psychologist. In particular, I am forever grateful to my husband for his keen eye for English grammar and punctuation, as well as his continual love, care and encouragement during times of stress which enabled me to gain perspective and remember who I am.

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Introductory chapter: Thesis overview

Orientation to the area of study

Major life crises or traumatic events are frequently experienced as uncontrollable, overwhelming and significantly distressing. A sense of safety and predictability in the world is somewhat destabilised for victims of trauma as they struggle to make sense of the event. Whilst some go on to recover from trauma naturally, often many people experience long-term consequences. (van der Kolk, 2003). For decades, the impact of trauma has widely been associated with negative psychological consequences such as Post Traumatic Stress Disorder (PTSD), which was introduced as a clinical diagnosis following the delayed reactions of Vietnam veterans (APA, 1980). However, in recent years, there is growing investigation into the notion that there is personal gain to be found in suffering and, in fact, that traumatic life events can facilitate positive life change for some people. This has been coined as Post Traumatic Growth (PTG); positive change experienced as a result of the struggle with a major life crisis or a traumatic event (Tedeschi & Calhoun, 2004). However, it is suggested that opportunity for PTG, largely depends on individual perspectives and personality variables (Helgeson, Reynolds, & Tomich, 2006).

This thesis is interested in the trauma responses of adult males who have experienced child sexual abuse (CSA). More specifically, in relation to their sense of male gender role identity and sexuality. Child sexual abuse can have long term profound effects on male victims (Walker, Archer, & Davies, 2005). In particular, males can struggle with their sense of masculinity and sexuality due to societal stereotypes that one should be strong and be able to physically resist a perpetrator (Javiad, 2015). Many male survivors blame themselves for not protecting themselves and, as a result, experience sexuality and gender role crises (Davies, Walker, Archer, & Pollard, 2010). However, it is recognised that opportunity for male survivors to experience PTG following CSA may be evident given research has found evidence of this for some female survivors of sexual victimisation (Stige, Binder,

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Rosenvinge, & Træen, 2013). In recent years there has been growing publicity in the area of male survivors, perhaps due recent exposure of high profile cases in the media (Alaggia & Mishna, 2014). However, there remains a scarcity of empirical research to provide insight into the lived experiences of male survivors.

Why I did this research

I became interested in this particular topic area after I was a juror on a court case for an offence of ‘rape’ during jury duty. It became quickly evident that the victim’s gender (male) and sexuality (gay) were being used by the prosecution as viable reasons to why he should be deemed a non-credible witness (e.g., *“Why didn’t he fight back?” “Why did he approach another man in the street if it wasn’t for sex?”*). At the point of deliberation, I was shocked by most of the other jurors’ opinions about the victims (e.g., *“He probably enjoyed it if he was gay”*, *“Men don’t do that, I think he made it up”*), who were perhaps influenced by the lawyers, or not. In either case, it seemed clear that male victims were misrepresented not only in society but also discriminated in a court of law. I felt compelled to draw the spotlight onto this topic area to raise awareness of stigma and discrimination towards these individuals. On initial scoping, it became evident that there was little recognition of positive experiences of male survivors, perhaps adding to the misrepresentation of these individuals.

I am aware that my own personal and professional context is likely to have some underlying influence on the research. My position of being a white, female, heterosexual researcher living in North West England means that I have limited personal experience of being marginalised or discriminated because of my identity. I may have drawn on my experience of gender difference and Western social structures in my attempts to understand male survivors’ perspectives. Dominant discourses in abuse have long been concerned with male perpetrators and female victims, and therefore I undoubtedly align my position with that of a female

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victim, perhaps influencing how I approach the research. My role as a trainee clinical psychologist, means I am a therapist, skilled in leading interviews and unpacking meaning, which can cause dilemmas in research. Therapeutic responses can often guide an interviewee and their account, which can reduce the authenticity of the story. Whilst efforts to remain an objective researcher were taken, it is expected that my personal characteristics would have influenced the research throughout the stages.

Overview of thesis chapters

The systematic review (chapter 1) aimed to evaluate the qualitative literature that explored the impact of CSA on male survivors' gender role and sexuality. A systematic approach to identifying and screening empirical research enabled comprehensive coverage of the topic area. By synthesising the evidence, themes were derived to provide a narrative of male survivors identity experiences following CSA. Whilst negative experiences of masculinity and sexuality were evident, it was identified that further research using diversified samples of male survivors was warranted to strengthen the conclusions.

The empirical paper (chapter 2) focused on the PTG experiences of male survivors. Third sector male survivor organisations supported the research and facilitated recruitment of male survivors who had experienced positive change following CSA. Male survivors generously provided rich interviews of their PTG experiences. Themes emerged that detailed the key processes involved in the redevelopment of their gender role and sexuality, contributing to the vital gap in the literature.

The target journals are; Trauma, Violence, & Abuse for the systematic review, and Archives of Sexual Behavior for the empirical paper. Both chapters comply with the author guidelines for each related journal (see Appendix A & D), however in accordance with thesis guidelines, tables and figures are included in the main text of the chapters.

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Chapter 1: A Literature Review

Gender role and sexuality in male survivors of childhood sexual abuse:

A systematic review.

Targeted Journal: Trauma, Violence, & Abuse

Abstract

Background: Society fails to recognise ‘men as victims’ and therefore male survivors of child sexual abuse often experience distinct problems throughout their lives. There is a strong theoretical rationale to hypothesise that male survivors struggle to develop a positive sense of gender role and sexuality, given their experiences violate the ‘masculine identity’.

Aims: This systematic review evaluates the qualitative literature concerning the impact of CSA on male survivors’ gender role and sexuality.

Method: Electronic searches were conducted across three databases (CINAHL, PsychINFO, Medline) and Google Scholar, and supplemented with manual searches.

Results: Eighteen articles met the eligibility criteria and were included in the review. Relevant data was extracted and synthesised narratively. Assessment of quality was carried out using the CASP (2015). Six key concepts were derived from the data; ‘gender shame’, ‘fear and stigma’, ‘keeping the secret’, ‘confusion around sexual orientation’, ‘intimacy problems’ and ‘hypermasculinity/sexuality’.

Conclusions: The findings suggest that male survivors experience negative consequences with their sense of masculinity and/or sexuality, which are related to stereotypical expectations. Gender shame, confusion about sexuality and withholding disclosure are commonly experienced by male survivors of CSA. Coping mechanisms such as emotional suppression, disconnection from others and hyper-masculinity were also evident but require further investigation before any firm conclusions can be made. An argument can be made for gender informed services and interventions to target male survivors’ distinct difficulties.

Keywords: ‘male survivors’, ‘gender role’, ‘masculinity’, ‘child sexual abuse’, and ‘qualitative evidence’.

Introduction

Childhood sexual abuse (CSA) has been defined as: “*the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violate the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust, or power over the victim*” (World Health Organisation, 2006, p.10). The sexual abuse of children is a global problem and until recently, literature has been substantially concerned with females, perhaps guided by traditional abuse norms of ‘male perpetrators and female victims’. However, following collective activism and recent exposure of high profile cases in the media, research into male CSA survivors is growing (Alaggia & Mishna, 2014; Davies, 2002; Lowe, 2017; Lowe & Balfour, 2015; Lowe & Rogers, 2017). The prevalence of male CSA is difficult to confirm as figures vary considerably due to conceptual and methodological differences across studies (i.e., adult participants reporting retrospective abuse, children reporting abuse, varied CSA definitions/age thresholds, country of origin etc.) At least one in six males is suggested to experience sexual abuse in their childhood (1in6.org). Firmer scientific estimates have suggested prevalence seems to fall somewhere between 1.7% and 16.1% (Dube et al., 2005; Finkelhor, Shattuck, Turner, & Hamby 2014; Pitcher, Ferguson, Moynihan, Mitchell, & Saewyc, 2017; Radford et al., 2011; Townsend, 2013; Wihbey, 2011).

Boys learn from an early age not to reveal the abuse to others (Andersen, 2008a) as perpetrators often use threats, manipulation or even violence to silence victims, perhaps blaming them or devaluing their sense of gender identity to render them vulnerable (Spiegel, 2003). Many keep the secret long into their adulthood and typically disclose on average 22 years (10 years later than females) after the assault (O’Leary & Barber, 2008). Of course,

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many cases are never reported, and victims often fail to get the support they need (Lowe & Balfour, 2015).

Hegemonic masculinity has long been the dominant construction for men's position in Western society (Cheng, 2008; Connell & Messerschmidt, 2005). Characterised by power, control and stoicism, males are expected to conform to these ideals if they wish to fulfil their role as a 'real' man (Javiad, 2015). Masculine stereotypes include being tough, assertive and self-sufficient (Mahalik, Good, & Englar-Carlson, 2003). Perceived as the 'stronger' gender, being a man means by definition, not being like a woman, and therefore feminine characteristics such as sensitivity and vulnerability are to be avoided at all costs (Kimmel, 1994). Men have learnt to suppress their emotions and hide their frailties to meet the expectations typified in society. Heterosexuality is central to masculine norms and men are expected to enjoy sex with women only (Connell, 2005; Javiad, 2015). Sexual dominance and promiscuity are common traits as men learn that sexual activity validates their masculinity (Brooks, 2001). Traditional masculinity rejects homosexuality and other orientations as these are associated with 'unmanly' or feminine acts.

It is argued that society fails to recognise 'men as victims' as this violates the 'masculine identity' (Lew, 2004). Hegemonic masculine assumptions contradict the notion that men can be physically and sexually dominated. Male survivors are often silenced due to fears of being disbelieved, blamed or treated negatively by others (Easton, Saltzman, & Willis, 2014).

Experimental studies have shown that less sympathy has been attributed to male victims than females (Davies & Rogers, 2006; Wakelin & Long, 2003) and male victims have been blamed more as their abilities to fight back or escape from the abuse have been considered insufficient (Davies, Rogers, & Bates, 2008). Victimisation against males who were portrayed as gay were considered less serious and victims held more responsible than their heterosexual counterparts (Davies & Boden, 2012; Davies, Pollard, & Archer, 2006). Male

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child victims were also subject to similar biases if they were approaching adulthood or if the perpetrator was female (Davies & Rogers, 2006).

The detrimental effects on the long-term physical and mental health of male survivors are well documented and associations with many psychiatric conditions have been found (Davies, Walker, Archer, & Pollard, 2010; Mezey & King, 1989; O'Leary & Gould, 2009; Walker, Archer, & Davies, 2005b). In addition to these issues, it is argued that male survivors experience distinct problems as their masculine identities are brought into question (Davies, 2002; Javiad, 2015; Mahalik et al., 2003). Quantitative studies have found male survivors report; long term crises with their sense of masculinity (Walker, Archer, & Davies, 2005a); sexual behaviour problems (O'Keefe et al., 2014; Ponton & Goldstein, 2004; Walker et al., 2005a) and sexual identity/orientation confusion (Davies et al., 2010; Ponton & Goldstein, 2004; Walker et al., 2005a). Given that child victims are subject to sexual activity before they are developmentally prepared, they are deprived of the opportunity to develop their masculine and sexual identities naturally. Therefore, this review aims to focus on the experiences of male survivors who experienced sexual abuse in childhood only, rather than adulthood. Given the developmental focus of injury and in line with legal requirements, CSA will be defined in this study as abuse occurring under the age 16 years, as developmental experiences are likely to differ somewhat for adults or young people who are older than 16 years.

The majority of studies looking at the impact of CSA on male survivors are largely focused on the long-term psychological effects, associations with psychiatric diagnoses or disclosure experiences. Whilst these studies are helpful in determining trends within this population, insight into male survivors' gender role/sexuality experiences are limited. The few qualitative studies that have offered such insights, tend to involve small samples and are variable in methodology and focus (Chouliara et al., 2012), making it difficult to make any strong

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inferences from the findings. Robust evidence of how male survivors experience their gender role and sexuality following CSA could help substantiate theories around their developmental and recovery needs. Whilst organisations are continually developing interventions to meet the complex needs of male survivors, synthesised evidence of their gender role/sexuality struggles could strengthen the knowledge for male-specific therapeutic interventions. To date, no systematic investigation and synthesis of the qualitative evidence base has been conducted.

Therefore, the overall aim of this review is to systematically evaluate the qualitative literature concerning the impact of CSA on adult male survivors' gender role and sexual identity, to answer the following questions:

What challenges might male survivors face concerning their gender role, following CSA?

What challenges might male survivors face concerning their sexuality, following CSA?

How do male survivors cope with the consequences of CSA, in relation to their gender role and sexuality?

How might male survivors, present, in relation to their gender role and sexuality? What indicators do professionals need to be aware of?

Method

Search strategy

Three electronic databases (CINAHL, PsychINFO, Medline) were searched to identify relevant literature related to the research aim from their earliest records (CINAHL, 1977; PsychINFO, 1967; Medline, 1971) until September 2017. In addition, a search of the grey literature was conducted via Google Scholar, as well as manually searching reference lists of the included articles. Search terms were defined based on research team discussions (see Table 1). Articles were initially screened based on their title and abstract. For articles that

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appeared to be relevant or unclear, full texts were obtained and reviewed for eligibility. An independent reviewer (LW) screened 10% of the search results to ensure trustworthiness of the review findings and a 95% agreement rate was reached. Any disagreements were discussed and resolved. Searches were repeated in April 2018 to check for any further published articles.

Table 1. Search terms

Sexual abuse search terms	S1 = ('Sexual victimisation' OR 'Sexual abuse' OR 'sexual violence' OR 'sexual assault' OR 'child sexual abuse' OR CSA OR rape OR molestation OR 'sexual violation')
Gender role / sexuality search terms	S1 AND S2 = ('male gender role' OR 'male gender role identity' OR 'masculinity' OR 'maleness' OR 'manliness' OR 'sexuality' OR 'sexual orientation' OR 'sexual preference')
Male survivor search terms	S1 AND S2 AND S3 = ('Male survivor\$' OR 'male victim\$' OR 'CSA survivor\$' OR 'CSA victim\$' OR 'survivor\$ of sexual abuse' OR 'survivor\$ of sexual violence' OR 'victim\$ of sexual abuse' OR 'victim\$ of sexual violence')

Eligibility criteria

The inclusion criteria for the review were; (1) empirical research articles; (2) studies with qualitative outcomes; (3) the sample (or a proportion of the sample) consisted of adult male survivors (18 years +) of sexual abuse (4) the study assessed or reported about experiences of gender role and/or sexuality.

Studies excluded were (1) those with quantitative methods only; (2) studies that did not include accounts from male survivors themselves; (3) mixed gender studies whereby outcomes regarding the male sample were not clearly stated or distinguishable; (4) studies that included participants who have experienced sexual victimisation post-16 years only (no

abuse/violence has taken place pre-16 years); (5) articles that were not available in English and (6) unpublished theses.

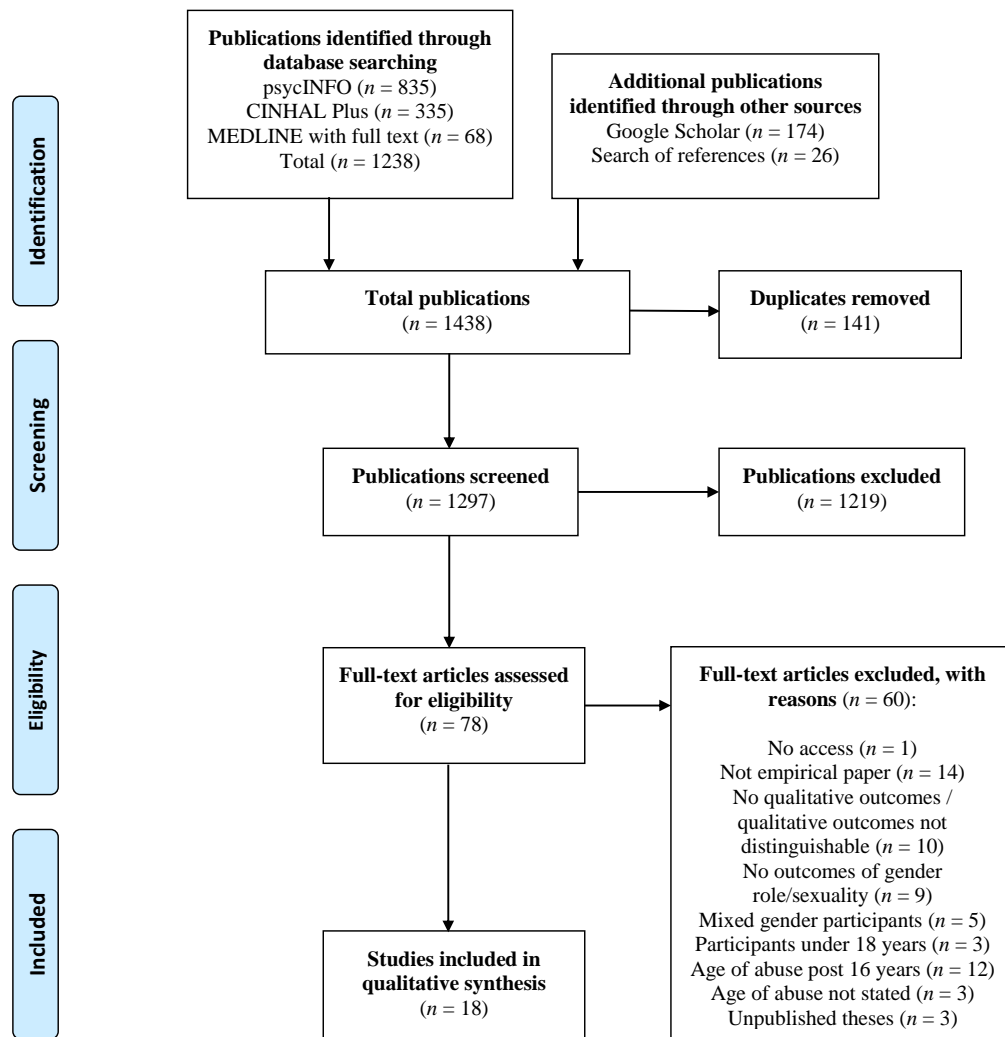


Figure 1 – PRISMA flow diagram

Data extraction

Full-text articles that met the criteria were reviewed by the lead author. An independent reviewer checked 25% of articles and 100% agreement was reached. Information was extracted from the included studies (Table 2) using a data extraction tool designed by the author (Appendix B) to ensure consistency amongst reviewers and studies as recommended (Bettany-Saltikov, 2012). In line with the aims of the review, the following data were

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extracted: bibliographic information, setting, study aims, design/methodology, sample, data collection, data analysis, outcomes related gender role, outcomes related to sexuality, methodological issues and reviewer comments. Due to the variation in the presentation of data across the papers, data extracted from the articles included first order constructs (i.e., participant quotes) as well as second order constructs (i.e., author's interpretation of the data). It is argued that extracting both types of data ensures the review findings are thoroughly grounded in the original experiences of the participants (Toye et al., 2014).

Critical Appraisal

The CASP assessment tool (Critical Appraisal Skills Programme, 2015) was used to assess the studies for rigour and any methodological issues and bias which may impact on the quality of the findings (Appendix C). The CASP allows for critical appraisal of qualitative studies and evaluates quality using a ten-question protocol. Whilst no formal scoring system is embedded within the CASP, a scoring system was applied for this review (item not met=0, item partially met/unsure=1, item fully met=2), as widely applied in previous studies (Butler, Hall, & Copnell, 2016), to facilitate simple scrutiny. Studies were not excluded based on the quality assessment; however, poor quality was reflected upon in the discussion.

Results

Study characteristics

Eighteen studies met the eligibility criteria. The majority of these focused on the impact of sexual victimisation on male survivors, which led to outcomes regarding gender role and sexuality. There were four studies that investigated disclosure of the abuse (Alaggia, 2005; Collin-Vezina, Sablonnière-Griffin, Palmer, & Milne, 2015; Gagnier & Collin-Vezina, 2016; Sorsoli, Kia-Keating, & Grossman, 2008), two studies explored the recovery process (Forde & Duvvury, 2016; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005), one that looked at

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shame and guilt (Dorahy & Clearwater, 2012) and one that focused on the development of a measure (O’Leary, Easton, & Gould, 2017); however, all included findings related to masculinity and sexuality. Table 2 provides an overview of the methodological characteristics and key findings of included studies.

Studies were published between 1990 and 2017 and were conducted in the UK (Nelson, 2009), US (Gilgun & Reiser, 1990; Isely, Isely, Freiburger, & McMackin, 2008; Kia-Keating et al., 2005; Lisak, 1994; Sorsoli et al., 2008), Australia (Denov, 2004; Deering & Mellor, 2011; O’Leary et al., 2017), Canada (Alaggia, 2005; Alaggia & Millington 2008; Collin-Vezina et al., 2015; Gagnier & Collin-Vezina, 2016; Gill & Tutty, 1998), Ireland (Forde & Duvvury, 2016), Norway (Andersen, 2008b; 2011) and New Zealand (Dorahy & Clearwater, 2012). Three studies contained secondary data (Andersen, 2011; Gagnier & Collin-Vezina, 2016; Sorsoli et al., 2008) from previous studies included in the review (Andersen 2008b; Collin-Vezina et al., 2015; Kia-Keating et al., 2005); however, they reported additional outcomes which contributed to the findings. The majority of samples were recruited through clinical settings (Alaggia & Millington 2008; Collin-Vezina et al., 2015; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vezina, 2016; Gill & Tutty, 1998; O’Leary et al., 2017) or advertisements within the community (i.e. via newspapers, through local centres or national groups) (Deering & Mellor, 2011; Isely et al., 2008; Kia-Keating et al., 2005; Sorsoli et al., 2008) or both (Andersen, 2008; 2011). Two studies advertised at universities (Alaggia, 2005; Lisak, 1994) and two studies did not report how their samples were recruited (Gilgun & Reiser, 1990, Nelson, 2009). Study samples ranged in number from three to 26 and there were 240 participants in total. Participants were aged between 19 and 69 years old.

The ethnicities of participants were reported in nine studies and consisted of majority white Western males who were mainly English speaking (Alaggia, 2005; Alaggia & Millington

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2008; Andersen, 2008b; 2011; Denov, 2004; Dorahy & Clearwater, 2012; Kia-Keating et al., 2005; Lisak, 1994; O'Leary et al., 2017; Sorsoli et al., 2008). Three of the studies included some French speaking (Collin-Vezina et al., 2015; Gagnier & Collin-Vezina, 2016) and non-English speaking participants (O'Leary et al., 2017). One study reported a mixed sample of white and non-white males (Alaggia, 2005) and other ethnicities included five Aboriginal participants (Alaggia & Millington, 2008; Denov, 2004; O'Leary et al., 2017), one Metis (Alaggia & Millington, 2008), one East Indian (Alaggia & Millington, 2008), one Afro-Canadian (Alaggia & Millington 2008), five African American, five Native American (Kia-Keating et al., 2005; Lisak, 1994; Sorsoli et al., 2008), two African Cuban, two Puerto Rican, two Mexican American (Kia-Keating et al., 2005; Sorsoli et al., 2008). Most studies included perpetrators who were both male and female, however were majority male (Collin-Vezina et al., 2015; Dorahy & Clearwater, 2012; Gagnier & Collin-Vezina, 2016; Gill & Tutty, 1998; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O'Leary et al., 2017; Sorsoli et al., 2008). In six studies perpetrators were exclusively male (Alaggia, 2005; Alaggia & Millington 2008; Andersen, 2008b; 2011; Gilgun & Reiser, 1990; Isely et al., 2008), and two studies exclusively female (Deering & Mellor, 2011; Denov, 2004). One study did not specifically report the gender of the perpetrator (Forde & Duvvury, 2016).

All studies collected their data through face to face interviews or focus groups (Alaggia, 2005; Alaggia & Millington, 2008; Andersen, 2008b; 2011; Collin-Vezina et al., 2015; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vezina, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O'Leary et al., 2017; Sorsoli et al., 2008), except for one study which used a four-part survey (Deering & Mellor, 2011). A range of methods was utilised to analyse the data including: thematic analysis (Denov, 2004; Forde & Duvvury, 2016; Lisak, 1994); discourse analysis (Andersen, 2008b; 2011); grounded theory (Collin-

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Table 2

The study characteristics and outcomes related to gender role and sexuality of the included articles were extracted and summarised in the following table.

Author	Study characteristics			Sample characteristics		Summary of outcomes related to gender role	Summary of outcomes related to sexuality
	Location / Setting	Methodology	Analyses	n males	Age / ethnicity		
Alaggia (2005)	Canada Community based, recruited through universities and word of mouth	Long-interview method (McCracken 1988)	Not stated	11	18-56 White and non-white	Participants reported feeling stigmatised and isolated as they believed the myth that ' <i>boys are not victims of sexual abuse</i> '. Participants described not wanting to be perceived as a victim as this was viewed as a female experience and thus, undesirable. This prevented them from disclosing the sexual abuse.	All participants were abused by men which caused them confusion around their sexual orientation. Many participants feared being viewed as homosexual and did not disclose the abuse as they feared the responses. Some participants described becoming homophobic. Participants who identified as being gay or bisexual, struggled with their sexuality development and sexual preference. Many experienced sexual dysfunctions. Many participants feared becoming an abuser, as they had ' <i>heard</i> ' that this is common and worried about abusing their own children or being capable of such.
Alaggia & Millington (2008)	Canada Social services	Long-interview method (McCracken 1988)	Phenomenological reduction	14	28-65 Mostly white, 3Aboriginal, 1Metis, 1East Indian, 1Afro-Canadian	Many participants described becoming aggressive and wanting to retaliate against others which impacted on their relationships with others. Some participants experienced conflict as they believed their behaviour during the abuse may have been intentional.	Participants reported the abuse impacted on their sexual development and behaviour. Many reported sleeping with anyone, being promiscuous, an increase in masturbation and inappropriate behaviour with females. Some participants became involved in the pornography industry. Some participants committed sexual offences. Some participants described feeling ' <i>special</i> ' as a result the abuse as they had acquired knowledge or special qualities from the early sexualisation that set them apart from others (i.e., sexual prowess). Some participants reported problems with sexual intimacy; either avoidance of sex or endless streams of encounters devoid of any emotional meaning. Many struggled to have long-term relationships. Many participants questioned their sexuality as they were abused by a man. Two participants believed their sexuality was shaped by the abuse, and two did not.
Anderse (2008)	Norway Community based, recruited via	Semi-structured narrative interviews	Discourse analysis	15	25-65 White	Participants feared that their capacity to be a man was reduced by the abuse experiences. Loss of control and powerlessness were experienced by participants, as well as doubt about themselves; not looking manly enough and being branded as ' <i>second hand goods</i> ' were common	Participants described periods where sexuality was strongly in focus, understood as an effort to confirm their ability as a man. There were also various constructions where homosexuality played a part; either fear of being a homosexual or being perceived as such.

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	newspaper and at incest centres					themes. Participants reported a fear of committing abuse themselves as result of the abuse they had experienced (i.e., ' <i>vampire syndrome</i> '). This often lead to caution or rejection when it came to physical contact with their own children. Participants reported that despite being a child at the time, they should have been strong enough to 'break out' from the abuse. There was a sense of shame as often no force or threats were experienced; therefore, participants branded themselves as responsible. Participants reported a lack of self-worth and coped by pretending it never happened (i.e., keeping silent about the abuse, not talking about it or being bothered about it). Participants reported ' <i>trying to be normal</i> ' and demonstrated this through heterosexual relationships. This was understood as an attempt to regain control, self-worth and dignity.	
Anderse n (2011)	Norway Communit y based, recruited via newspaper and at incest centres	Semi- structured narrative interviews	Discour se analysis	15	25-65 White	Participants reported a change in the way they viewed themselves as men having been sexually abused, meant that they have violated the code and failed as a man. Participants described not being ' <i>man enough</i> ' as they hadn't been strong enough to stop the abusive situation. Several feared that someone might find out about the abuse or that the abuser would say something to others. This fear lasted well into adult life for some of them.	Two of the participants stated that it would have been easier if the assailant had been a woman because ' <i>young boys often have fantasies about older women</i> '.
Collin- Vezina et al. (2015)	Canada Counsell ing/mental health services	Semi- structured interviews	Ground ed theory	16	19-69 Ethnicity not stated English & French speaking	Participants explained how the social construction of masculinity prevented them from disclosing, " <i>in my day you're taught to be tough. . .don't show emotion. You know? That's only for weaklings, and fairies or whatever, right?</i> "	Participants feared homophobic responses from others when the perpetrator was of the same sex.
Deering & Mellor (2011)	Australia Communit y based, recruited via newspaper .	Communit y-based survey using a question- naire	Not stated	9	29-64 Ethnicity not stated	None stated	Two participants reported experiencing physical arousal during the abuse which led to an increased sense of confusion. Some participants recalled that the experience of female-perpetrated child sexual abuse led them to engage in socially inappropriate behaviours in adolescence, such as seeking out female porn, or sleeping with lots for women. Physical changes at this time, such as an increased sexual desire, were also experienced (i.e., craving sexual experiences, sexual awareness and curiosity). Participants reported their social and sexual

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						functioning as an adult was also impacted upon, such as chatting to women, having an excessive sexual appetite or conversely not being able to enjoy adult sexual relationships. Three participants reported that they had chosen to remain celibate as a result. Two participants reported they relied solely on prostitutes for sexual interaction, in response to their inability to trust women. One participant reported bisexual sexuality preferences attributed to the abuse.
Denov (2004)	Australia Social services	Semi-structured interviews	Not stated	7	23-59 Mostly white, 1 Aborigina 1	Three participants reported they felt as though they had failed as men as <i>"for a man to be a victim is an embarrassment . . . A real man is not a victim, a real man is always in charge, always resists, and is always in control. A man who is a victim is a failure"</i> . They reported added distress due to the fact they were sexually victimized by a woman whom they regarded as the <i>"so-called weaker gender"</i> Participants reported feeling humiliated and questioned their sense of masculinity as they believed they should have been able to control or have more power over women. To compensate for feelings of <i>'unmanliness'</i> , one participant reported that at a young age, he became <i>"hyper-masculine"</i> (i.e., engaging in highly aggressive sports). The same participant reported that years later he became involved in drug trafficking and organised crime, which gave him a sense of manliness. One participant described a sense of pride through sexual activity with sexually inexperienced girls.
Dorahy & Clearwater (2012)	New Zealand Sexual abuse services	Semi-structured focus group interview	Interpretative Phenomenological Analysis (IPA)	7	37-64 New Zealand European	Participants reported feeling like a failure, feeling different to other males and not belonging. Participants tried to keep their abuse concealed to avoid shame and this lead to isolating themselves from others, creating emotional distance or lying to people in doing so. However, this generally resulted in them being disconnected from other males and attempts to reconnect often lead to painful feelings of being different (and unworthy). Participants reported feeling uncontrollable rage and emotional pain, which was often directed at themselves and others or coped with through dissociation.
						Participants reported varying degrees of discomfort with sexual intimacy (i.e., feeling dirty after sex, scrubbing oneself, sex brought back distressing memories). One participant reported the abuse had made him want to hurt himself sexually (i.e., cut off his own penis). Participants described a distrust of women and a fear of female sexuality and one participant developed a strategy to separate a woman's sexuality from her as a person. Three participants described wanting to retaliate against female strangers to regain a sense of power and control, which often resulted in sexual fantasies. Those participants who were fathers reported a fear of becoming abusers themselves and many spent less time with their children or avoided being alone with them. One participant consciously chose not to have children. Two participants had been convicted of child sexual offences in which they explained as a desire <i>"to feel some kind of control...or power"</i> .
						Participants reported misperceptions and judgments about their sexuality (i.e., being perceived as gay).

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Forde & Duvvury (2016)	Ireland Rape crisis centres	Qual findings from a larger study. Semi structured interviews	Thematic Analysis	5	Age and ethnicity not stated	Many participants discussed how the trauma has affected their sense of masculinity, as sexual violence is more shameful for men. Participants were raised to believe that men are strong, and sexual violence is something that happens to women. Participants felt shame as they believed they were unable to protect themselves. Participants described the responses from others when they disclosed the abuse tended to reinforce the shame.	Participants feared that the abuse meant that they were homosexual and wondered if the perpetrators perceived them in this way. Two participants discussed their struggle with sexual intimacy issues as a consequence of their traumatic experience (i.e., not being able to be intimate with their partner). Others developed sexually compulsive behaviours which was understood as enabling them to reinforce masculine norms regarding sexuality.
Gagnier & Collin-Vezina (2016)	Canada Counselling/mental health services	Semi-structured interviews	Phenomenological approach	17	19-67 Ethnicity not stated English & French speaking	Participants described the taboo that surrounded male sexual abuse and the difficulties linked to being recognised as a victim (i.e., men are supposed to be tough and not show emotion). Four participants expressed a concern about being perceived as <i>"less manly"</i> if they disclosed their abuse. One participant described how his disclosure was often met with ridicule or envy due to the abuser being female.	Four participants expressed a concern about being labelled as homosexual if they disclosed their abuse. Two men in the sample feared being labelled a potential child abuser.
Gill & Tutty (1998)	Canada Counselling services	Semi-structured interviews	Content analysis	10	27-50 Ethnicity not stated	Four participants identified themselves as <i>'beings'</i> , explaining that they either had no gender or parts of both genders. Another four participants classified themselves as male, however felt they did not fit the perceived societal stereotype. This was understood as an attempt to separate themselves as all things male. Participants reported a sense of failure as a man as they should have been able to <i>"be in control"</i> and <i>"protect themselves"</i> from the abuse. Many participants viewed themselves as <i>"damaged"</i> and preserved the secret of the abuse. Participants struggled to connect with others and maintain relationships throughout their lives due to their perceived lack of masculinity. Participants saw themselves as <i>"inadequate"</i> compared to other men, as they were less aggressive and <i>"less able to handle themselves in confrontational situations"</i> . Participants felt their lives were out of control as a result of the abuse and came to believe that they were unable to regain control of their lives or bodies.	For many participants, sexual relationships became difficult and intimacy did not happen until much later in their adult lives. Reflecting on their sexual development, many participants described they did not fit the role of adolescent men as they were not seen to be eager for sex. Many were observers of sexual encounters rather than sexual partners and therefore believed that they were falling short of the ideal. Some participants described being unable to achieve intimacy during sexual encounters. One participant was confused about his sexuality and thought he was bisexual. Two participants, whilst confused about their sexuality, did not believe this was due to the sexual abuse.
Gilgun & Reiser (1990)	US Setting not stated	Life history interviews	Content analysis	3	Age and ethnicity not stated	One participant described that the sexual abuse negatively affected the concept of himself (i.e., feeling different from other males). All participants reported becoming homophobic as a result of the abuse (perpetrators were male).	All participants struggled with their sexual identity. One reported the sexual abuse did not lead to him becoming gay. The abuse led him away from experimenting with other males during adolescence. One participant did not experience any confusion with his sexual identity, but

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							feared others would think he was gay. Another was unsure about his sexuality as a result of the abuse and had relations with both men and women. He developed lifelong sexual identity confusion and struggled with self-hatred about his attraction to males. He avoided sexual encounters and any sexual expression.
Isely et al. (2008)	US Community based, recruited through an advocacy group	Interviews	Not stated	9	31-67 Ethnicity not stated	All participants reported negative impact of the abuse, believing they were " <i>damaged goods</i> ". Many felt shame and guilt for the abuse and were self-defeating as a result. Development of their personal identity was difficult as participants felt inadequate and believed that people would reject them if they revealed their " <i>true</i> " self. Many participants presented with a " <i>counterfeit identity</i> " and shaped a relational style that was avoidant of other people outside of superficial interactions. All reported spending their adult life feeling estranged from other people and actively avoiding relationships with men. Many felt pressure to guard the secret of the abuse and feared that others would find out.	Some participants reported questions regarding their sexual identity as they viewed the abuse as homosexuality. Many participants wondered why they were selected, feared that they were somehow attracting men. Some participants became fearful of homosexuals and their own sexual identity. They became hateful of themselves and struggled in their relationships with others. Some participants reported promiscuity or compulsive sexual activities.
Kia Keating et al. (2005)	US Community based, recruited via variety of institution	Semi-structured interviews	Grounded Theory	16	24-61 Mostly white, 2 African American, 1 African Cuban, 1 Puerto Rican, 1 Mexican American, 1 Native American	Participants reported becoming isolated as a result of the sexual abuse in order to achieve safety. This was understood as either a protective strategy from fear of further abuse, and/or an attempt to maintain their masculinity, as reserve and independence were idealized by masculine norms. Having friends became a problem for some participants despite their desire to connect with someone. One participant tried to be independent, which became a battle when he felt clingy or needy. There was a sense of participants feeling alone as they struggled with how to cope with their experiences. Some participants reported the influence of masculine ideology stopped them from reporting abuse and seeking professional assistance. Upholding their level of machismo continued in adulthood and interfered with their recovery. Many participants engaged in activities that demonstrated their " <i>tough</i> " sides, such as participating in physical activities that required physical courage and endurance (i.e., self-defence). Participants also feared their potential for violence, given the extreme emotions they experienced and the fear of their inability	Participants struggled against conventional norms that expected a high capacity for sexual prowess. Many participants avoided sexual activity until later in life, or in some cases altogether. For those who did engage in intimacy, this was often difficult and sometimes painful. It was suggested that participants who identify as gay and bisexual " <i>endure a significant additional developmental task around renegotiating their masculine identities and sexuality</i> ". The experience of being victimised sexually made the traditional model of masculinity problematic as " <i>men were supposed to 'enjoy sex'</i> ". Many participants struggled with issues around desire, either too much or too little.

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						to contain it. Participants described the importance for them not to become (violent) abusers themselves.	
Lisak (1994)	US Community based, recruited via university	Autobiographical interviews	Thematic content analysis	26	21-53 Mostly white, 1 African American, 2 Native American	Participants described the most crucial aspect was a fundamental loss of control: <i>"over one's physical being, one's sense of self, one's sense of agency and self-efficacy, and one's fate"</i> . For a few participants the need to feel in control drove them to victimise other people. Many struggled with the <i>"unmasculine"</i> feelings, leaving them to feel inadequate as real men would not have such feelings. Other participants succeeded in denying the feelings associated with their victimisation and adopted hyper-masculine attributes (i.e., style of dress, hobbies) to express their rage. Many described a profound sense of inferiority compared to their male peers which persisted into adulthood, undermining their self-esteem and self-worth. A few participants described their need to be masculine, to be tough, conflicted with their experience of themselves. Some participants found ways to compensate for chronic feelings of masculine inadequacy. They sought assurances through institutional identifications (half of the sample served in the armed forces), and some resorted to victimising others. Participants tended to blame themselves for not preventing their abuse and some felt guilt; that there was something about them that provoked the abuse.	Most participants expressed confusion over their sexuality and sexual orientation, particularly those who were abused by men. Many expressed a fear of homosexuals and homosexuality which was understood to be related to the fear that they themselves were, or had the potential to be, homosexual. Some participants who were abused by men struggled with the contamination of their own sexuality by that of the abuser, <i>"the sense that male sexuality, their own now included, is dangerous and bad"</i> . This contamination was greatly exacerbated by what men perceive to be cultural messages about male sexuality. The majority of participants experienced a profound effect on their sexuality. (i.e., feeling shameful about their sexuality, internalising their sexuality as bad or even responsible for their victimization, confusion about their sexuality). For some participants, sexual intimacy was frightening because it re-evoked feelings related to the abuse. For others, intimacy went in the opposite direction, where participants involved themselves in repeated sexual interactions, unable to protect their sexual boundaries.
Nelson (2009)	UK Setting not stated	Life history methodology / interviews	Not stated	24	18-63 Ethnicity not stated	A number of participants reported they had entered the armed forces, seeing it as an escape, but had found these to be macho and bullying environments which were more likely to add to than help the effects of trauma.	Participants reported a fear of being branded gay, which was influential in silencing them as children. Fear of being assumed an abuser often silenced them again as adults. Participants who identified themselves as heterosexual or bisexual had struggled considerably with confusion about their sexual identity and masculinity. Five participants who identified as gay emerged as the most secure in their own identity. Most participants had experienced problems in intimate relationships, varying from fearful withdrawal to promiscuous avoidance of commitment.
O'Leary et al. (2017)	Australia Specialist CSA counselling service	Semi-structured interviews	Content analysis	20	19-46 Mostly white, 1 Aboriginal.	Participants reported feelings of shame, guilt, and inferiority as a man: <i>"not feeling worthy of being in a group of other men."</i> Some participants described a loss of masculinity: <i>"You lose your boyhood and manhood"</i> . Some participants used violence as a way of protecting	Participants experienced long-term problems in terms of compromised sexuality and experienced sexual identity confusion and thought they might be gay. Many had problems with sexual functioning - either avoidance of sexuality, promiscuity/ risk-taking (proving

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						themselves: "vowed no one would ever hurt me again, so I am happy to have a fight."	heterosexuality), or unsatisfied intimacy. Many feared becoming perpetrators to children.
Sorsoli et al. (2008)	US Community based	Semi-structured interviews	Grounded theory	16	24-61 Mixed ethnicity, 11 white	One participant reported he was reluctant to disclose the abuse as it would make him look weak or less of a man. Another reported that he struggled to disclose the abuse due to masculine stereotypes: "men don't talk about these things - it's a taboo subject".	One participant believed that he would be accused of being gay if anyone found out about the abuse.

Table 3

The included articles were assessed for rigour using the CASP (2015): a ten-question protocol to evaluate the quality of findings

Authors	Aims	Methodology	Design	Recruitment	Data collection	Researcher bias	Ethical Issues	Data analysis	Findings	Valuable	Score /20
Sorsoli et al. (2008)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	20
Collin-Vezina et al. (2015)	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Yes	Yes	Yes	19
Dorahy & Clearwater (2012)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unsure	19
Kia Keating et al. (2005)	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	19
Forde & Duvvury (2016)	Yes	Yes	Yes	Yes	Unsure	Yes	Yes	Yes	Yes	Unsure	18
Gagnier & Collin-Vezina (2016)	Yes	Yes	Yes	Unsure	Yes	Yes	Unsure	Yes	Yes	Yes	18
O'Leary et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Unsure	Yes	Unsure	Yes	18
Alaggia & Millington (2008)	Yes	Yes	Yes	Unsure	Yes	Yes	Unsure	Yes	Yes	Unsure	17
Denov (2004)	Yes	Yes	Yes	Yes	Yes	Unsure	Unsure	Unsure	Yes	Yes	17
Lisak (1994)	Yes	Yes	Yes	Yes	Yes	Unsure	Unsure	Yes	Yes	No	16
Alaggia (2005)	Yes	Yes	Yes	Yes	Unsure	Unsure	No	Unsure	Yes	Unsure	14
Deering & Mellor (2011)	Yes	Yes	Unsure	Yes	Unsure	No	Yes	No	Unsure	Yes	13
Andersen (2008)	Yes	Yes	Yes	Unsure	Unsure	No	Unsure	Unsure	Unsure	Unsure	12
Gill & Tutty (1998)	Yes	Yes	Unsure	Unsure	Unsure	Yes	No	Unsure	Unsure	Unsure	12
Gilgun & Reiser (1990)	Yes	Yes	Unsure	No	Yes	No	No	No	Unsure	Unsure	9
Andersen (2011)	Yes	Yes	No	Unsure	No	No	Unsure	No	No	Yes	8
Isely et al. (2008)	Yes	Yes	Unsure	No	No	No	Unsure	No	Unsure	Unsure	8
Nelson (2009)	No	Unsure	Unsure	No	Unsure	No	No	No	Unsure	Unsure	5

Note: questions in full (CASP, 2015)

Aims = Was there a clear statement of the aims of the research?

Methodology = Is a qualitative methodology appropriate?

Design = Was the research design appropriate to address the aims of the research?

Recruitment = Was the recruitment strategy appropriate to the aims of the research?

Data collection = Was the data collected in a way that addressed the research issue?

Research bias = Has the relationship between researcher and participants been adequately considered?

Ethical issues = Have ethical issues been taken into consideration?

Data analysis = Was the data analysis sufficiently rigorous?

Findings = Is there a clear statement of findings?

Valuable = How valuable is the research?

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Vezina et al., 2015; Kia-Keating et al., 2005; Sorsoli et al., 2008); content analysis (Gilgun & Reiser, 1990; Gill & Tutty, 1998; O’Leary et al., 2017) and phenomenological analysis (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Gagnier & Collin-Vezina, 2016). Four studies did not state what type of analysis they utilised (Alaggia, 2005; Deering & Mellor, 2011; Isely et al., 2008; Nelson, 2009).

Summary of findings

The aim of qualitative synthesis is to assemble the collective findings into a set of statements which represent the phenomena whilst ensuring findings are reflective of the original participants’ experiences (Bulter et al., 2016). The data extracted included both first order constructs (e.g., participants verbatim) and second order constructs (e.g., researchers’ summary of a theme). Therefore, it was important to provide an account of evidence without adding an extra layer of interpretation, which often runs the risk of losing the essence of the original studies (Toye et al., 2014). A narrative summary was conducted to describe, order and categorise the evidence, with added explanations to emphasise the character of the findings (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2005). During synthesis, data were compared and organised into clusters according to commonalities and differences related to male survivors’ gender role and sexuality. This involved identifying recurring concepts (e.g., ‘feeling less of a man’) and mapping these to similar concepts across the studies (e.g., ‘men are not supposed to be victims’) to form categories with an overarching description (e.g., ‘gender shame’). Synthesis resulted in the classification of six key concepts; ‘gender shame’, ‘fear and stigma’, ‘keeping the secret’, ‘confusion around sexual orientation’, ‘intimacy problems’ and ‘hypermasculinity/sexuality’.

Gender shame.

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A key finding across twelve of the studies was that participants experienced a sense of inferiority compared to other males and feared that their capacity to be a man was reduced by the sexual abuse experiences (Alaggia, 2005; Andersen, 2008b; 2011; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1998; Gilgun & Reiser, 1990; Isely et al., 2008; Lisak, 1994; O’Leary et al., 2017; Sorsoli et al., 2008). There were general themes that being sexually abused meant that they had violated the male code and failed as a man, as men are not supposed to be victims of sexual abuse (Alaggia, 2005; Andersen, 2008b; 2011; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1998). These feelings of inadequacy persisted into adulthood, with many participants identifying themselves negatively or “less of a man” (Dorahy & Clearwater, 2012; Gilgun & Reiser, 1990; Isely et al., 2008; Lisak, 1994; O’Leary et al., 2017; Sorsoli et al., 2008).

Despite being children at the time of the abuse, participants in many of the studies questioned their masculinity, as they believed they should have been strong enough to protect themselves (Andersen 2008b; 2011; Forde & Duvvury, 2016; Gagnier & Collin-Vézina, 2016; Gill & Tutty, 1998; Lisak, 1994). Participants felt responsible for not having enough power or control, or believed they intentionally participated, often blaming themselves, which led to a sense of shame and humiliation (Alaggia & Millington, 2008; Andersen 2008b; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gill & Tutty, 1998; Lisak, 1994; O’Leary et al., 2017). This seemed especially evident when the perpetrator was female, as participants viewed themselves as the “*stronger gender*” who should have been able to overpower a woman (Denov, 2004). Experiencing “*unmasculine*” feelings as a result of the abuse also led some men to question their sense of manliness due to beliefs that “*real men would not have those feelings*” (Lisak, 1994).

Keeping the secret.

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The influence of societal masculine norms seemed to impede male survivors from disclosing the sexual abuse and seeking professional support (Alaggia, 2005; Alaggia & Millington, 2008; Andersen, 2011; Collin-Vezina et al., 2015; Dorahy & Clearwater, 2012; Gill & Tutty, 1998; Isely et al., 2008; Sorsoli et al. 2008). They feared that someone might find out about the sexual abuse and judge them negatively for it. Therefore, participants across many of the studies reported great efforts in preserving the secret of the abuse which lasted well into their adult lives. This included trying to appear ‘normal’ by pretending it never happened (Andersen, 2008b), keeping silent (Andersen, 2008b; Sorsoli et al., 2008), and suppressing their emotions (Andersen, 2008b; Lisak, 1994). Disconnecting from others was also evident in three ways. Participants described either spending less time with their children or avoiding physical contact with them (Andersen, 2008b; Denov, 2004), isolating themselves to uphold their masculine appearance despite their desire to connect with someone (Alaggia, 2005; Dorahy & Clearwater, 2012; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005) and distancing themselves from other males to reduce negative responses and stay safe from further abuse (Dorahy & Clearwater, 2012; Isely et al., 2008; Kia-Keating et al., 2005). One study found participants developed a ‘counterfeit identity’ and only related to others superficially (Isely et al., 2008). Hypermasculinity and hypersexuality (as discussed below) were also viewed as efforts by male survivors to ‘keep the secret’ of sexual abuse (Andersen, 2008b; Collin-Vezina et al., 2015; Denov, 2004; Forde & Duvvury, 2016; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009).

Fears and stigma.

Some studies found male survivors feared the gender and perceived sexuality of their perpetrator (Alaggia, 2005; Collin-Vezina et al., 2015; Denov, 2004; Gilgun & Reiser, 1990; Isely et al., 2008; Lisak, 1994). Participants reported becoming homophobic as a result of the abuse where perpetrators were male (Alaggia, 2005; Collin-Vezina et al., 2015; Gilgun &

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Reiser, 1990; Isely et al., 2008; Lisak, 1994). For those whose perpetrator was female, participants described a distrust of women and a fear of female sexuality (Denov, 2004).

For those whose perpetrator was male, being perceived or labelled as a homosexual because of the sexual abuse was a common fear (Alaggia, 2005; Andersen, 2008b; Collin-Vezina et al., 2015; Dorahy & Clearwater, 2012; Gagnier & Collin-Vézina, 2016; Gilgun & Reiser, 1990; Isely et al., 2008; Nelson, 2009; Sorsoli et al. 2008). Some reported the abuse would have been easier if the perpetrator had been female, as this would have been more acceptable (Andersen, 2011). Furthermore, fear that they might be viewed as potential perpetrators of abuse themselves seemed evident across the studies (Alaggia, 2005; Andersen, 2008b; Denov, 2004, Gagnier & Collin-Vézina, 2016; Kia-Keating et al., 2005; Nelson, 2009; O’Leary et al., 2017).

Confusion around sexual orientation.

The majority of studies reported that male survivors experienced confusion around their sexuality as they grew up (Alaggia, 2005; Alaggia & Millington, 2008; Andersen 2008b; Deering & Mellor, 2011; Forde & Duvvury, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O’Leary et al., 2017). As the majority of perpetrators were male, heterosexual participants feared that the abuse meant that they were homosexual or bisexual and wondered if the perpetrators perceived them in this way (Alaggia, 2005; Andersen 2008b; Forde & Duvvury, 2016; Gill & Tutty, 1998; Isely et al., 2008; Lisak, 1994; Nelson, 2009; O’Leary et al., 2017). Homosexual and bisexual participants experienced additional developmental confusion with regard to whether their sexual preference was attributed to the sexual abuse (Alaggia, 2005; Alaggia & Millington, 2008; Deering & Mellor, 2011; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Kia-Keating et al., 2005). Physical arousal during the sexual abuse was experienced by participants in one study, which led to a misinterpretation of pleasure (Deering & Mellor,

2011). In two studies there was a sense that participants' sexuality was contaminated with an internalised 'badness' as a result of the sexual abuse for which they felt shameful (Isely et al., 2008; Lisak, 1994).

Intimacy problems.

A discomfort of sexual relationships and intimacy was reported across twelve of the studies (Alaggia, 2005; Alaggia & Millington, 2008; Deering & Mellor, 2011; Denov, 2004; Forde & Duvvury, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O'Leary et al., 2017). Discomfort was evident in varying forms, such as a sense of suffering physical pain (Kia-Keating et al., 2005), feeling dirty after sex (Denov, 2004) and distress from abuse memories and emotions being triggered (Denov, 2004; Lisak, 1994). Some participants reported they became observers of sexual encounters rather than partners (Gill & Tutty, 1998). Many avoided sexual relationships and intimacy altogether (Alaggia & Millington, 2008; Deering & Mellor, 2011; Forde & Duvvury, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Kia-Keating et al., 2005; Nelson, 2009; O'Leary et al., 2017) or chose to remain celibate as a result (Deering & Mellor, 2011). In studies that explored male survivors of female-perpetrated abuse, participants reported relying on prostitutes for sexual interaction as a result of difficulties trusting women (Deering & Mellor, 2011). Another study found a participant wanted to hurt himself sexually in response to sexual abuse from a female (i.e., cut off his penis) (Denov, 2004).

Hypermasculinity / sexuality.

Six studies found that participants compensated for their ingrained sense of masculine inadequacy by representing themselves as 'hypermasculine' (Andersen, 2008b; Collin-Vezina et al., 2015; Denov, 2004; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009). Overcompensation of masculinity included: dressing in a masculine style (Lisak, 1994),

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engagement in courageous physical activities (i.e., aggressive sports, self-defence) (Denov, 2004; Kia-Keating et al., 2005; Lisak, 1994), involvement in criminal behaviour (Denov, 2004) and portraying a general appearance of toughness (Kia-Keating et al., 2005; Lisak, 1994). Some male survivors spent time working in the armed forces (Lisak, 1994; Nelson, 2009). Aggression was also a common theme and the need to retaliate or victimise others was reported (Alaggia & Millington, 2008; Denov, 2004; Dorahy & Clearwater, 2012; Kia-Keating et al., 2005; Lisak, 1994; O'Leary et al., 2017). This aggression was formulated as an inability to contain the overwhelming emotions they experienced (Alaggia & Millington, 2008; Dorahy & Clearwater, 2012; Kia-Keating et al., 2005; Lisak, 1994) and to regain a sense of power and control as a result of the sexual abuse experience (Denov, 2004; Lisak, 1994; O'Leary et al., 2017).

A fluctuation in sexual functioning was evident across most of the studies (Alaggia, 2005; Alaggia & Millington, 2008; Andersen, 2008b; Deering & Mellor, 2011; Denov, 2004; Forde & Duvvury, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O'Leary et al., 2017). An increase in sexual activity once male survivors reached adolescence was reported and interpreted in seven studies as a response to an increased sexual desire (Alaggia & Millington, 2008; Deering & Mellor, 2011; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O'Leary et al., 2017). This often involved participants seeking out sexual partners, being promiscuous and having an excessive sexual appetite (Alaggia & Millington, 2008; Deering & Mellor, 2011; Isely et al., 2008). Two studies viewed this as an effort to overcompensate for their perceived lack of masculinity, enabling participants to confirm their ability as a man (Andersen, 2008b; Forde & Duvvury, 2016). One study found increased sexual functioning helped participants gain self-esteem and pride in their masculinity (Denov, 2004). Another found participants felt

‘special’ as a result of the abuse, due to the knowledge or special qualities they had acquired from early sexualisation that set them apart from others (Alaggia & Millington, 2008).

Evaluation of quality

The results of the CASP quality assessment are presented in Table 3. Articles varied in scores ranging between 5 and 20. Common methodological problems across the articles included a lack of acknowledgment of the influence of researchers on the participants and the study (Alaggia, 2005; Andersen, 2008b; 2011; Collin-Vezina et al., 2015; Deering & Mellor, 2011; Denov, 2004; Gilgun & Reiser, 1990; Isely et al., 2008; Lisak, 1994; Nelson, 2009). Nine studies lacked in rigour due to a lack of transparency of the analytical process (Alaggia, 2005; Andersen, 2008b; 2011; Deering & Mellor, 2011; Denov, 2004; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Nelson, 2009) and credibility of the findings (Andersen, 2008b; 2011; Deering & Mellor, 2011; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Nelson, 2009; O’Leary et al., 2017). Therefore, it is possible that researcher bias influenced the outcomes of these studies. Standards regarding ethical principles were also not met in 13 studies, most commonly how ethical considerations were managed such as informed consent, anonymity, and debriefing (Alaggia, 2005; Alaggia & Millington, 2008; Andersen, 2008b; 2011; Denov, 2004; Gagnier & Collin-Vezina, 2016; Gilgun & Reiser, 1990; Gill & Tutty, 1998; Isely et al., 2008; Kia-Keating et al., 2005; Lisak, 1994; Nelson, 2009; O’Leary et al., 2017).

All studies except one were assessed as suitable for qualitative methodology based on their aims (Nelson, 2009). Most studies included volunteers (Alaggia, 2005; Alaggia & Millington, 2008; Collin-Vezina et al., 2015; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vezina, 2016; Gill & Tutty, 1998; Lisak, 1994; O’Leary et al., 2017) who were recruited through counselling/support organisations or a university.

Therefore, it is likely that these samples are biased due to possible cohort effects (i.e., level of

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education etc.) or not being representative of the male survivor population, as men who seek help are likely to differ characteristically from those who do not (Courtenay, 2000). Data collection seemed appropriate in most of the studies (i.e., face to face interviews/focus groups), however one study collected data through completed questionnaires sent back from a community sample (Deering & Mellor, 2011), suggesting that the reliability of the results cannot be verified.

When making sense of the findings, it is important to consider the quality of papers to determine the potential contribution to the evidence base. Four studies failed to meet most of the criteria and scored less than half marks (Andersen, 2011; Gilgun & Reiser, 1990; Isely et al., 2008; Nelson, 2009). Whilst studies were not excluded from the review based on quality, these studies lacked in rigor and therefore their findings must be taken with caution. Ten studies were considered high quality (scoring 15/20 or above) as they met most of the assessment criteria (Alaggia & Millington, 2008; Collin-Vezina et al., 2015; Denov, 2004; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vezina, 2016; Kia Keating et al., 2005; O'Leary et al., 2017; Lisak, 1994; Sorsoli et al., 2008). However, six of these studies had considerably fewer outcomes related to male gender role and sexuality than other studies (Collin-Vezina et al., 2015; Dorahy & Clearwater, 2012; Forde & Duvvury, 2016; Gagnier & Collin-Vezina, 2016; O'Leary et al., 2017; Sorsoli et al., 2008). For example, Sorsoli et al. (2008) scored full marks from the quality assessment; yet, due to their focus of inquiry (i.e., male survivors' disclosure experiences), contributed the least to the overall findings of this review. Conversely, two studies contributed a large amount of data to the review, yet methodologically, they were evaluated as low quality (Andersen, 2011; Gilgun & Reiser, 1990). Furthermore, the variation in sample sizes across the studies may influence the amount of credibility given to the findings. For example, Lisak's (1994) study with 26 participants (Lisak, 1994) is likely to be more meaningful than Gilgun and Reiser's

(1990) study with 3 participants. Therefore, the impact of these studies may vary, which needs to be considered when interpreting the findings.

Discussion

This systematic review explored the qualitative evidence concerning male survivors' experiences of gender role and sexual identity following CSA. Overall, synthesis of the data support literature that the development of male survivors' identities is impacted upon by societal beliefs of gender norms (Davies, 2002; Javiad, 2015; Mahalik et al., 2003). All studies reported that participants experienced negative consequences in the form of a 'struggle' with their sense of masculinity and/or sexuality, which they related to stereotypical expectations. It seems that male gender stereotypes (i.e., one should be powerful and in control) therefore subject male survivors to lifelong psychosocial struggles of contradictory experiences; "*the realities of child sexual abuse and the mythology of masculinity*" (Spiegel, 2003, p. 133). This finding is consistent with quantitative outcomes that found a high prevalence of gender role/sexuality difficulties in male survivors (Davies et al., 2010; O'Keefe et al., 2014; Ponton & Goldstein, 2004; Walker et al., 2005a) and seems representative across the studies, suggesting this is reflective of male survivors' experiences. When interpreting the findings from this review, it is helpful to refer to the research questions originally set out.

What challenges might male survivors face with their gender role, following CSA?

In line with previous literature, the review found that male survivors experience a sense of shame in relation to their gender role as 'men are not victims' (Lew, 2004). Shame is associated with perception of self and how individuals think others perceive them (Gilbert, 1998). It seems that participants made sense of their experiences by understanding themselves to be 'inferior' or 'inadequate' compared to other males. Societal norms that men

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should be strong, instilled a belief that, despite being a child at the time, they should have been able to protect themselves from the abuse (Davies et al., 2010). It was evident across studies that many participants questioned their sense of masculinity as their physical abilities at the time of the abuse failed to meet these ideals, resulting in gender shame. For many, responses from others seemed to confirm this. In support of previous literature, there was evidence of negative experiences of disclosure due to institutional stigma (i.e., police) around male sexual victimisation (Mezey & King, 1989). This consistent finding, irrespective of the methodological approaches or focus of inquiry adopted by individual studies, suggests that this is a robust finding and supports the notion that gender shame is an important factor in male survivors of CSA.

What challenges might male survivors face with their sexuality, following CSA?

It is evident that confusion around sexual orientation was a common theme for male survivors. Masculine stereotypes promote heterosexuality and there is a dominant narrative that men do not have sex with men unless they are gay. The majority of perpetrators across the studies were male, therefore, it is likely that participants misinterpreted their sexual victimisation as an act of homosexuality. Due to early sexualisation in childhood, usually prior to sexual development taking place, participants struggled to make sense of their own sexuality, possibly as they associated their sexual feelings as adults with their child sexual abuse. Heterosexual survivors seemed to question their own sexuality, particularly when physical arousal occurred, and being perceived as homosexual seemed to be common concern. Homosexual survivors appeared to struggle with additional confusion as to whether their sexual identity was caused by the abuse. This finding seemed consistent throughout the studies, regardless of abuse characteristics, perpetrator gender and methodological quality of the study, suggesting confusion about sexuality is a common experience for male survivors.

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The majority of CSA literature to date has focused on male-perpetrated abuse, and female perpetrators have been largely overlooked (Andersen, 2011). One explanation for this might be that historically, females were deemed as being incapable of committing sexual abuse, perhaps due to their ‘weaker’ physical stature (Struckman-Johnson & Anderson, 1998). Two studies in the review specifically looked at the impact of female-perpetrated CSA on male survivors (Deering & Mellor, 2005; Denov, 2004). In line with larger-scale research, findings suggested that men experienced long-lasting negative consequences (Weare, Porter, & Evans, 2017). Whilst many findings were consistent with that of male-perpetrated CSA, alternate themes included difficulties in forming intimate and trusting relationships with women. Due to stereotypes that men view all sexual opportunities as positive and myths that male victims of female perpetrators experience less harm, invokes additional stigma and makes it difficult for male victims to recognise female-perpetrated sexual abuse as abusive (Hislop, 2001; Weare, 2017). However, the limited representation of female perpetrators in included studies, albeit moderately ranked in terms of quality, meant it was not possible to firmly support these findings without further research.

How do male survivors cope with the consequences of CSA, in relation to their gender role and sexuality?

The review found that male survivors experience difficulties in coping with the abuse, many for decades after. It is likely that societal norms of masculinity inhibit men’s help-seeking behaviour as men are taught to suppress their emotions, and studies found participants made significant efforts not to talk about their difficulties. One reason for this might be that men who conform to emotional stoicism may view suppression or denial of the problem as taking control, or not letting the problem beat them. Furthermore, seeking professional help for mental health and emotional problems might be perceived as ‘feminine’ (Courtenay, 2000; White, 2009). Disconnecting from others seemed to be a common theme, whether it be

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spending less time with or avoiding physical contact with their children, avoiding sexual relationships or distancing oneself from peers to maintain a masculine appearance. It is understandable that survivors worry about protecting their children, given their early experiences, and perhaps go to great lengths to disconnect from the emotional pain that close relationships may bring. However, greater difficulties in coping may delay or prevent recovery and higher suicide rates among male survivors of child sexual abuse have been associated with high conformity to masculine ideals (Easton, Renner, & O’Leary, 2013). However, it is recognised that a variety of factors (i.e., ethnicity, cultural values, socioeconomic status) influence the extent in which an individual conforms to masculine gender norms. As such, the lack of diversity in the samples makes it difficult to make any broad generalisations about the extent to which emotional suppression and disconnection are common coping mechanisms for male survivors, without further exploration. Nevertheless, participants’ desire and efforts to keep the abuse secret was clear in the majority of studies, regardless of context, suggesting this is a robust finding in support of the current literature around male survivors’ difficulties with disclosure (Lowe & Balfour, 2015; O’Leary & Barber, 2008).

How might male survivors, present, in relation to their gender role and sexuality?

What indicators do professionals need to be aware of?

A common theme from the findings was that many participants demonstrated ‘hyper-masculine’ or ‘hyper-sexual’ behaviours. Societal norms, together with internal processes of feeling ‘less of a man’, are likely to influence male survivors’ portrayal of themselves to convey masculine characteristics, perhaps as a defence mechanism. Engaging in aggressive sports, sexual promiscuity and even engagement in criminal behaviour may be an attempt to validate their masculinity to themselves and others (Brooks, 2001). Some survivors may try to prove their toughness by exerting aggression towards others, perhaps to enable them to feel

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powerful and ‘in control’. However more research is warranted, given ‘hyper-masculinity’ outcomes were found in only six studies. Given that the abuse took place in childhood, an increase in participants’ sexual activity may be due to maturity, rather than as a consequence of the abuse. Without further research, it is difficult to determine whether survivors may have misattributed their sexual response to the abuse, rather than a product of development, and therefore this finding must be taken with caution.

Strengths and limitations

This review has built on the existing literature on male survivors of CSA. This is the first known systematic investigation to evaluate the existing qualitative evidence regarding male survivors’ gender role and sexuality experiences. Given the scarcity and variance of qualitative research studies, it provides a synthesis of findings and highlights vital gaps in the literature. This review has offered an in-depth focus on male survivors and their experiences to enable the complexity of gender role and sexuality to be understood better. The key concepts derived from the data have provided a framework of evidence for support services and can be used to inform the development and refinement of clinical interventions with male survivors. Similarly, the findings can be used to generate hypotheses for further research in this important area and help develop understanding of the experiences of male survivors from a clinical perspective. The review benefitted from a rigorous and transparent method due to a systematic approach to locating articles and screening from two independent reviewers. Regular discussions with the research team enabled collaboration in every stage of the protocol to inform any modifications and reduce bias. Quality assessment of included articles against standardised criteria also enabled readers to engage more critically with the quality of the empirical evidence so more robust conclusions can be made.

There were various methodological factors evident in the review and from the included studies that may have limited the findings. Firstly, the review was restricted to studies that

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were published in English, which may have excluded relevant findings from other languages and cultures. The decision to exclude unpublished studies may have meant key articles were missed and therefore the present review is biased towards published work. The subjective perspectives of researchers are likely to have impacted upon the findings (i.e., data selection, extraction and synthesis), given their prior knowledge and experience around the topic area. Whilst efforts were made to maintain objectivity (i.e., second/independent reviewer, reflective log), it is recognised that researcher bias may be instinctive. Furthermore, the method of synthesis employed may be subject to a lack of transparency. In narrative summaries, there is an absence of standardised procedures involved in the synthesis, and therefore the decision making, and interpretation process may not be clear (Dixon-Woods et al., 2005). Findings may be dependent on the judgments and prejudices of the researcher.

Secondly, male survivors are not a homogeneous group, they are found across different ages, ethnicities, cultures, occupations and socioeconomic status, and as a result, the nature and extent of the CSA consequences can differ significantly. All studies were carried out in Western societies and the samples were limited in terms of ethnicity and diversity, which made it difficult to make any firm generalisations about male survivors' gender role and sexuality. Research studies tend to have a theoretical stance and often ask leading questions to support or deny their hypotheses. Therefore, the findings may have been influenced with extreme perspectives resulting in polarised views. Furthermore, retrospective self-report from childhood, may be subject to memory difficulties or recall bias, given its potentially traumatic nature, and may have affected the accuracy of responses. As such, making generalisations to the wider population must be approached with caution.

Future research

Future studies should aim to strengthen their research by recruiting diversified samples of male survivors, improving methodological quality and minimising potential subjectivity in

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order to gain less polarised responses. Ideally, studies that include male survivors from varied backgrounds and ethnicities would be valuable in identifying salient factors for culturally sensitive interventions. Very little is known about male survivors from minority populations; how they make sense of the abuse, how they cope and how they experience their gender role and sexuality, given they are underrepresented in male survivor groups. Existing research has found that conformity to many masculine scripts are associated with poorer psychological and physical health outcomes for populations such as Asian men (Liu & Iwamoto, 2007). Similarly, the transgender population is largely underrepresented in the CSA literature. Transgendered victims may be less likely to disclose CSA or seek help, given the evidence that they are blamed more for their sexual assault than homosexual or heterosexual male victims (Davies & Hudson, 2011). Insight into the experiences of such subgroups is lacking, which might make intervening difficult if services are not informed.

More research on male survivors of female-perpetrated abuse is warranted, given the underrepresentation of studies in this review. Stereotypical notions of CSA, i.e. ‘male perpetrators and female victims’, may have led to a failure in researchers recognising females as perpetrators. Furthermore, it is likely that societal myths that men view all sexual opportunities as positive, have mediated limited awareness of this global and under-researched problem. Problems around disclosure and help-seeking are evident in the male survivor population, with many boys struggling with the secret and consequences of CSA for decades (O’Leary & Barber, 2008). Further inquiry into the function of emotional suppression and disconnection from others may strengthen hypotheses that these are common experiences of male survivors. For those who do disclose, it would be helpful to know what factors helped facilitate them to speak out or seek help. Findings from this review have highlighted the difficulties male survivors often face, and therefore future studies exploring male survivors’ experiences of help-seeking might contribute to enabling earlier disclosures.

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This review and the majority of other studies in the existing literature have focused on the detrimental effects of CSA on male survivors. Whilst there is evidence that significant long-term difficulties generally follow CSA, it should not be assumed that this is the case for everyone, or that this is the only possible long-term outcome. Research has found that some survivors of other type of trauma (Brooks, Graham-Kevan, Lowe, & Robinson, 2017; Joseph, Linley, & Harris, 2005) can experience some positive change or emotional growth over time, as a result of their struggles with the trauma. Future studies could explore how male survivors of CSA have grown from the experience and managed to develop a positive sense of self-identity and masculinity. This may help provide insight into the processes involved in adaptation and change post-abuse and help inform services who can support the process.

Clinical relevance

The findings of this review have potential implications for services and practitioners who work with male survivors of CSA. Victim support has largely focused on female victimisation and men are often treated as a subcategory (Andersen, 2008a). At present, there are a growing number of organisations specifically available for male survivors in the UK (i.e. Male Survivors Partnership, Survivors UK); however, service provision has often failed to meet their complex needs (Lowe & Balfour, 2015). The findings in this review may provide further insight and supporting evidence towards best practice. It is argued that a gender-informed approach to working with male survivors is paramount. This may include working holistically with survivors to assess, formulate and intervene; taking into account additional population-specific factors such as conformity to masculine stereotypes, gender role beliefs, psychosexual development and sociocultural context. Clinicians need to deconstruct myths related to CSA, masculinity and sexual identity (i.e., ‘less of a man’, ‘abuse makes you gay’, unwanted physical arousal, ‘will go on to abuse others’), to alleviate some of the blame and responsibility that survivors may have endured for some time. Given

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the sense of shame often internalised by male survivors, these issues need to be worked through in a non-judgmental and sensitive way as recovery involves risks of vulnerability. Clinicians may also need to be aware that revisiting traumatic, disempowering experiences may provoke repressed transference and tension in the therapeutic alliance. Clinician gender is likely to be important to the individual and in the therapeutic relationship, given the remodelling of power imbalances and perceived threat some male survivors may experience to their masculinity.

Facilitating reflection about the influence of gender role stereotypes on their recovery and promotion of healthy masculinity (i.e., qualities of kindness, courage and humility) is therefore vital to enable survivors develop their individual sense of gender role and sexuality and reduce the risk of suicide. Clinicians should support survivors in separating their experiences of CSA from adult sexual experiences. Sexual development for many is difficult, however extra time and support for male survivors who identify as gay or bisexual might be needed if they attribute their sexuality to the CSA. Likewise, reassurance and validation would be helpful for male survivors of female-perpetrated abuse, given the extra stigma they may experience. Validating fears of prejudicial attitudes will be helpful as these are likely experiences.

Given the large prevalence of male survivors of CSA and evidence that most 'keep the secret' well into adulthood, clinicians should routinely inquire about CSA when working with males. A greater focus on interventions that facilitate disclosure earlier in the life-span for men is warranted. For example, education within schools that 'men can be victims' and 'women can be perpetrators' may raise awareness about these unheard topics and reduce the stigma that is attached to such individuals. It is recognised that intervening with the next generation may help bring about societal change. Teaching interventions in school to help facilitate boys and young men to talk about their emotions may reduce less conformity to stoicism and perhaps

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enable male victims to disclose earlier. Skilling up teachers of indicators of CSA and develop skills to provide support for those suspected at risk, might help young males get the vital help they need sooner. However, many male survivors may never reach services due to underreporting; therefore, community projects to target hard-to-reach groups would be beneficial. Findings suggest many male survivors are situated in hyper-masculine environments and therefore raising awareness in sports arenas, youth centres and even pubs is likely to promote help-seeking. Adopting creative ways of reaching such individuals is required to achieve therapeutic engagement, perhaps through masculine activities (i.e., boxing therapy, fishing groups). The visibility and acceptance of ‘men as survivors of sexual victimisation’ may bring about changes in societal attitudes towards masculine stereotypes.

Conclusions

The findings of this systematic review broaden our understanding of male survivors’ experiences by providing synthesised evidence of the struggles and challenges they often face. Whilst caution must be taken when making generalisations from these findings, data suggests gender-informed approaches are vital for services and clinicians working with male survivors. However, due to the scarcity of evidence in the literature and methodological limitations of existing studies, further empirical research is needed to strengthen theoretical perspectives for male survivors of CSA.

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University of Liverpool
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Chapter 2: Empirical Paper

**Post-traumatic growth and gender role development in male survivors of
child sexual abuse.**

Targeted Journal: Archives of Sexual Behavior

Abstract

Background: Due to societal stereotypes around masculinity (i.e., men should be strong and able to physically resist an offender) and sexuality, male survivors of child sexual abuse frequently experience sexuality and gender role crises as they tend to blame themselves for not protecting themselves. The negative effects on male and female survivors are well documented, however, studies have found that some female survivors of sexual victimisation have experienced post traumatic growth (PTG).

Aims: To explore the processes involved in the development of positive gender roles and sexuality in male survivors of child sexual abuse through the lens of PTG.

Method: Recruitment through national male survivor support organisations and via social media resulted in a sample of 12 participants who resided across the UK, Europe and the US. Qualitative semi-structured interviews were conducted and analysed using social constructionist thematic analysis.

Results: The parallel processes of ‘struggling and changing’ and ‘developing and growing’ were evident in the PTG journeys of participants. Ten subthemes relating to gender role redevelopment; ‘Turning point’, ‘Redefining masculinity and sexuality’, ‘Reconnection’, ‘Resilience’, ‘Enablers and barriers’, ‘Appreciation of life’, ‘Living by masculine values’, ‘Attunement’, ‘Stronger person’ and ‘Activism’, highlighted the positive change experienced.

Conclusions: This study has provided much needed empirical evidence of positive gender role and sexuality development following CSA and has enabled conceptualisation of PTG in male survivors.

Keywords: ‘post-traumatic growth’, ‘male survivors of child sexual abuse’, ‘gender role development’, ‘masculinity’, ‘sexuality’, ‘qualitative research’

Introduction

Despite the growing publicity and research into sexual victimisation of males in recent years, the continued reluctance of male survivors to disclose and seek help poses challenges for victim support services who struggle to know how best to meet their distinct needs (Javiad, 2016; Lowe & Balfour, 2015; Lowe, 2017; Lowe & Rogers, 2017). Due to societal stereotypes around masculinity (i.e. men should be strong and physically able to resist an offender), male survivors are more likely than female survivors to be viewed negatively for not defending themselves during an assault (Davies & Rogers, 2006; White & Robinson-Kurpius, 2002), often preventing them from disclosing incidents (Lowe & Rogers, 2017; O'Leary & Barber, 2008; Walker, Archer, & Davies, 2005a). Male victimisation therefore often goes under-reported, resulting in survivors not receiving the support they need (Javiad, 2016; Davies & Rogers, 2006). In 2016/17, there were 7,640 male sexual assaults and 4,540 rapes against males recorded in the UK, despite an estimate of 72,000 sexual offences against males per year (Ministry of Justice, 2013). A large proportion of these figures comprise of sexual victimisation towards children with 3,285 for sexual assaults to males under 13 years of age and 2,917 for rapes against males under the age of 16 years (Office for National Statistics [ONS], 2017). Global prevalence of child sexual abuse of males is estimated at 8% (World Health Organisation [WHO], 2014), suggesting the risk to boys in particular is evident.

Effects of male sexual victimisation

Child sexual abuse can have profound lasting effects into adulthood (Mullen, Martin, Anderson, Romans, & Herbison, 1994). Child survivors often feel different to others, which can lead to an entrenched sense of inferiority (Lisak, 1994). Developmentally, survivors struggle to make sense of the abuse and often experience feelings of shame, leading them to form negative views of themselves which can impact on their sense of self or identity (Kia-

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Keating, Grossman, Sorsoli, & Epstein, 2005). Experiences of abuse can also lead to confused ideas about appropriate relationships (NSPCC, 2013). The challenges faced by male survivors of child sexual abuse are evident and are likely to be somewhat different to male survivors of adult victimisation, given their level of development at the time. As such, terminology used will reflect those who experienced either; sexual abuse in childhood only (pre-16 years) [*childhood sexual abuse*] or sexual victimisation in adulthood (post 16 years) or at both timeframes [*sexual victimisation*].

During male survivors' identity development, gender role crises often occur as they tend to blame themselves for not fighting back or coping with the psychological consequences (Peterson, Voller, Polusny, & Murdoch, 2011; Walker, Archer, & Davies, 2005a, b; Davies, Walker, Archer, & Pollard, 2010). Traditional views of masculinity imply that men are strong, powerful and sexually dominant (Horrocks, 1995). Male survivors may feel inadequate if they have not been able to protect themselves or live up to the masculine expectation (Javiad, 2016), perhaps believing they are 'less of a man' if they perceive themselves to have a lack of power or control (Kia Keating et al., 2005). Some male survivors question their sexual orientation following victimisation, especially those who experience involuntary physiological effects of the assault, e.g. sexual arousal (Bullock & Beckson, 2011) or, for those assaulted by females, that the sexual contact was unwanted (Peterson et al., 2011). Perceived changes to their gender role identity and/or sexual orientation may impact on their sense of belonging to the male gender group, deepening the feeling of detachment and isolation (Lisak, 1994; Lowe & Balfour, 2015).

The psychological effects on male survivors are long-lasting (Walker et al., 2005b; Davies et al., 2010) and studies have found an array of complex negative effects including depressive symptoms (Mezey & King, 1989), increased anxiety (Walker et al., 2005a, b), suicidal ideation (Coxell & King, 1996; O'Leary & Gould, 2009; Walker et al., 2005a, b), substance

abuse (Tewksbury, 2007) and post-traumatic stress disorder (PTSD; O’Leary, 2009; O’Leary & Gould, 2009; Walker et al., 2005a, b). In addition, the annual costs (based on 2012/13 figures) of child sexual victimisation (for both males and females) in the UK is estimated at £3.2 billion (NSPCC, 2014) due to healthcare treatment, child social care and criminal justice system fees. The damaging long-term impact of male sexual victimisation is evident. However, the evidence of recovery and living well beyond abuse is quite sparse. To date, the majority of male survivor research has focused on the negative effects of CSA, with little research exploring positive changes as a result of such trauma.

Post traumatic growth (PTG)

A growing number of studies have found that female survivors experience positive changes following sexual victimisation, including the ability to make decisions in their best interests (Burt & Katz, 1987), increased ability to relate to and help other victims (Draucker, 1992), grow stronger as a person (McMillen, Zuravin, & Rideout, 1995; Frazier, Conlon, & Glaser, 2001; Simon, Smith, Fava, & Feiring, 2015; Stige, Binder, Rosenvinge, & TrÆen, 2013), and appreciation of life and spiritual change (Shakespeare-Finch & De Dassel, 2009). These positive psychological changes can be understood within the context of post traumatic growth (PTG), a process experienced as a result of the struggle with a major life crisis or a traumatic event (Calhoun & Tedeschi, 2001). Unlike similar constructs such as resilience, PTG differs as it implies transformation takes place following trauma, resulting in a change in functioning (Tedeschi & Calhoun, 1995). Evidence of growth experienced in specific populations following trauma are widely documented, including cancer survivors (Cordova, Cunningham, Carlson, & Andrykowski, 2001), trauma workers (Brooks, Lowe, Graham-Kevan, & Robinson, 2016) and war veterans (Kaler, Erbes, Tedeschi, Arbisi, & Polusny, 2011). Studies have found cognitive factors, coping styles (Tedeschi & Calhoun, 2004), social support (Brooks et al., 2016; Linely & Joseph, 2004; O’Leary & Gould, 2009), frequency of

the traumatic event (Brooks et al., 2016) and finding a new self-narrative of surviving (Joseph, 2012) can determine PTG. Cognitive strategies, such as rumination, have also been found to be associated with PTG, perhaps due to the struggle involved in the process (Brooks, Graham-Kevan, Lowe, & Robinson, 2017; Morris & Shakespeare-Finch, 2011). It is important to note that PTG does not occur in absence of negative consequences of trauma, such as psychological distress or PTSD, but rather, can coexist as independent constructs (Borja, Callahan, & Long, 2006; Brooks et al., 2017; Davies, Nolen-Hoeksema, & Larson, 1998; Stermac, Cabral, Clarke, & Toner, 2014). Personal interpretation seems important in facilitating PTG as one's perception of control and the degree to which one defines oneself by the event have also been found to be influential (Brooks et al., 2017).

PTG and survivors of sexual victimisation

The majority of published research to date on PTG in survivors of sexual victimisation has focused on female survivors (Burt & Katz, 1987; Draucker, 1992; McMillen et al., 1995; Frazier et al., 2001; Wright, Crawford, & Sebastian, 2007; Shakespeare-Finch & De Dassel, 2009; Stige et al., 2013) or children (Simon et al., 2015; Valedéz, Lim, & Parker, 2015). Few studies have included male survivors of sexual victimisation in their research and with males accounting for only a small percentage of the overall samples, there are no distinguishable outcomes from which to generalise (Brooks et al., 2016; Sigmon, Greene, Rohan, & Nichols, 1996; Stermac et al., 2014). Given the distinct difficulties encountered by male survivors of childhood sexual abuse, it is hypothesised that the processes involved in PTG may differ for male survivors of adult sexual victimisation and survivors of other types of trauma as men who were sexually victimised as children may struggle to (re)develop or (re)establish a healthy and positive sense of their gender role, sense of self, masculinity and sexuality.

Only one study quantitatively examined factors related to PTG among men with histories of sexual victimisation; associations were found between PTG and level of understanding of the

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sexual abuse and conformity to masculine norms (Easton, Coohey, Rhodes, & Moorthy, 2013). Easton et al. concluded that men who manage their emotions in line with traditional masculine norms may struggle to experience PTG due to their inability to ‘open up’ and understand the abuse and experience the intense emotions that occur within this. Whilst useful in its own right, this study and the majority of research into PTG and survivors of trauma is largely quantitative and based on standardised responses from questionnaires. Without qualitative investigation, there is limited understanding of the complex processes involved in facilitating PTG. As ‘perception of the trauma experience’ seems essential in PTG (Brooks et al., 2017), the importance of a robust, in-depth exploration of male survivors’ subjective interpretation is warranted.

Rationale and aims

To date there is no published qualitative research exploring PTG and the processes involved in the development of gender roles in male survivors of sexual victimisation, thus highlighting the gap within the literature. Furthermore, greater insight into lived-experience perspectives of PTG may provide evidence to inform the development of growth-based therapeutic approaches to use clinically with male trauma survivors. Despite the notion that distress and growth can co-exist, current psychological interventions for trauma tend to be orientated around reducing distress. Understanding how positive growth is experienced by survivors has the potential to improve treatment and service delivery, reduce economic costs as well as strengthen the lives of survivors in the long term.

The current study aims to explore, describe and make sense of the experiences and processes by which this has been possible; to understand better how adult males who have experienced child sexual victimisation in the past have managed to develop (or recover) a healthy and positive sense of their own gender role.

Method

Design and Participants

One of the supervisors (Bob Balfour) provided consultation and guidance on all aspects and stages of the study, as an Expert-by-Experience (EbE) and director of a male survivor organisation, to ensure the study was viable and accessible for potential participants and reduce the risk of researcher bias. Qualitative semi-structured interviews were conducted with a non-clinical sample of 12 participants to facilitate exploration of emotional growth and positive change. The inclusion criteria stipulated that participants must be adult males (aged 18 or over) who had (i) experienced sexual victimisation pre-16 years, and (ii) who self-identified as having been able to develop or establish a healthy and positive sense of their gender role, sense of self, masculinity and sexuality. The exclusion criteria specified that participants would be excluded if they did not meet the inclusion criteria, were non-English speaking or displayed ongoing difficulties (i.e. substance use problems, mental health difficulties, thoughts of suicide) that may have impacted on their capacity to give informed consent and meaningfully engage in the interview. Participants were aged between 34 and 65 years old and resided across the UK, Europe and the US. The ethnicities of participants included white Irish, white Dutch, black American and nine who were white British.

Recruitment and Procedure

Recruitment took place through three UK-based third-sector organisations that specifically support male survivors of sexual victimisation and via social media. Flyers outlining information about the study (Appendix E) and contact details were displayed at the nominated support groups and advertised via social media (such as Facebook and Twitter). Interested volunteers contacted the researcher, who sent a participant information sheet (Appendix F) and consent form outlining the inclusion criteria (Appendix G) to them. Those

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who were eligible were contacted to discuss their consent to participate and any other queries or concerns. Participants who did not meet these criteria and/or displayed ongoing difficulties that may have impacted on their capacity to give informed consent and meaningfully engage in an interview, were sensitively screened out and a debrief sheet outlining support services and relevant organisations was made available to them. However, none were excluded. Four interviews lasting approximately 60 minutes were carried out in a private room at a convenient location of their choice (e.g., at the University of Liverpool or at a local support organisation); eight were conducted remotely via video call. Whilst face to face interviews were considered preferable, videocall interviews were offered to facilitate national and international sampling. The University of Liverpool lone worker policy was followed when necessary to ensure safety. The whole interview was recorded using a Dictaphone and additional notes during the interview were taken by the researcher. Participants were debriefed afterwards and information outlining support services and relevant organisations were provided to ensure available support if necessary (Appendix H). Interviews were transcribed verbatim two weeks after completion and referred to using a pseudonym and reference number to ensure anonymity.

Data collection

An interview schedule was developed in collaboration with one of the supervisors, Bob Balfour and used as a topic guide during the interviews (Appendix I). Language and framing of questions were considered to maximise insight into the lived experiences of male survivors. The schedule consisted of five broad topic areas to which additional questions and prompts were attached, including; the context surrounding the victimisation experience, participants' perception of male stereotypes, experience of their own gender role (including masculinity and sexuality), experiences of growth and positive change, and perceived determinants of their own growth and change. As such, the interview schedule was centred

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around growth experiences and asked for limited information regarding the victimisation experience. An open and flexible approach was employed to allow space and time for participants to elaborate on their responses. A non-judgemental style of questioning was adopted to promote a safe space for participants sharing their stories. Therapeutic techniques such as providing empathic support during the interview and identifying the need for a break, or time out from the interview, were employed as necessary. Data were collected until theoretical sufficiency was attained, meaning no further novel themes were deemed to arise from the interviews (Braun & Clarke, 2006).

Ethical Issues

The research proposal was reviewed by the Doctorate in Clinical Psychology Research Review Committee and ethical approval was granted by the University of Liverpool Ethics Committee (Appendix J & K). Informed consent was obtained from all individual participants included in the study. Video call participants returned their consent forms via email or post prior to the interview. They were informed that their participation in the research was entirely voluntary and that they had the right to request withdrawal of their data up to two weeks after their interview had taken place, following which transcription and analysis would take place. Anonymity was ensured through the use of pseudonyms and omission of any identifiable information from the transcripts. All identifying participant information was kept confidential, accessible only to the first author and stored electronically using encrypted restrictions. A debrief information sheet was provided to participants, outlining alternative support services and relevant organisations for further support post interview, if necessary.

Data analysis

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Data were analysed by thematic analysis (TA) where patterns within the data are identified and interpreted by the researcher (Braun & Clarke, 2006). The purpose is to create a narrative explanation which accurately describes the phenomena being researched. A constructionist epistemology was adopted to explore how concepts and language were used by participants to form socially constructed ideas (e.g., masculinity, sexuality). Analysis was also informed by Foucauldian theory (1982) which posits the notion that power relationships exist in all interactions and societies and this is often expressed through language and practices. For further information regarding epistemology and analytic process (Appendix L).

Whilst TA has the advantage of being theoretically flexible, the approach necessitates a number of methodological decisions to be made prior to the analysis in order to establish a solid framework that corresponds with the requirements of the research aims (Braun & Clarke, 2006). The development of codes and themes were derived from the data (inductive) rather than theory-driven or trying to fit a pre-existing coding frame. Coding was conducted on a latent level to identify underlying conceptualisations and ideologies which involved a level of interpretation, rather than a description of the data. Following each interview, the first author noted any thoughts, feelings and reflections from the process (Appendix M). The transcripts and reflective journal were read and re-read to become familiar with the data and initial notes were made. Coding was carried out electronically using NVivo Pro (version 11) software to manage the large data-set (Appendix N). Guidance around coding methods and types of codes was followed to help facilitate the process (Saldana, 2016). In line with a social constructionist TA and drawing on Foucauldian analysis, the following questions were considered when coding the transcripts:

- What were the events and experiences that are being constructed by the participants?
- How are the participants' positioning themselves in their talk?

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Once coding had been completed, codes were grouped together based on likeness and synonymy. The process involved going back and forth through the data and recoding where necessary. NVivo enabled the prevalence of codes across the sources to be easily identified, which facilitated in the development of the major themes (i.e., those with a high coverage across the data set) (Appendix O). Guidance around what constituted a theme was followed (Ryan & Bernard, 2003) and regular reviewing of the data amongst the research team enabled collaborative theme generation (Appendix P). Extracts of the transcripts were checked and matched against the potential themes to ensure they accurately reflected the meanings evident across the sample. Final analysis involved looking at all themes across the data-set to categorise them into two major overarching themes that describe the processes taking place. The themes were then reviewed against the literature around male survivors and PTG to refine and define them in the context of previous research.

Quality

Quality in qualitative research may be evaluated using four criteria: credibility, transferability, dependability and confirmability, which can be achieved by a range of techniques (Lincoln & Guba, 1985). Credibility refers to the confidence in the 'truth' of the findings and was established by keeping a comprehensive audit trail to show how themes were derived from the data, as well as using participant quotes to evidence the theme generation. The supervisory team provided research, clinical and lived-experience expertise, thus ensuring the credibility of the data collection and analysis. Transferability was met by providing clear information regarding the methodology and detail of sampling to enable the study to be applied to other, similar contexts. Initial analysis was carried out by the first author and agreement and refinement of codes and themes for all 12 interviews was conducted across the research team to ensure dependability that the findings were consistent. A degree of neutrality is vital in qualitative research and confirmability was endeavoured by

reflecting on potential researcher biases and influences throughout each stage of the study (Appendix M). When biases seemed apparent, care was taken to consider changing these aspects of the research design (e.g., adapting the interview schedule to minimise leading questions).

Results

Findings were understood in the context of participant characteristics such as their age, country of residence, ethnicity and method of interview (see Table 4).

Table 4 - Participant demographics

Participant pseudonym	Age range	Country of residence	Ethnicity	Method of Interview
Jack	30-34	UK	White, British	Video call
Adrian	40-44	UK	White, British	Video call
Mathew	50-54	UK	White, British	Video call
Frank	60-64	Europe	White, Dutch	Video call
Ben	60-64	UK	White, British	Face to face
Ted	40-44	US	Black, American	Video call
Nigel	50-54	Europe	White, Irish	Video call
Kevin	60-64	UK	White, British	Face to face
Phil	65-69	UK	White, British	Video call
Paul	60-64	UK	White, British	Face to face
Jim	60-64	UK	White, British	Video call
Toby	30-34	UK	White, British	Face to face

Following analysis, two overarching master themes were evident; ‘Struggling and Changing’ and ‘Developing and Growing’ along with 10 subthemes: ‘Turning point’, ‘Redefining masculinity and sexuality’, ‘Reconnection’, ‘Resilience’, ‘Enablers and barriers’, ‘Appreciation of life’, ‘Living by masculine values’, ‘Attunement’, ‘Stronger person’ and ‘Activism’.

The themes are labelled and visually presented in a way to signify the parallel and concurrent processes involved in the participants’ journeys of PTG (see Table 5). Each overarching

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master theme includes five subthemes that characterise the experiences involved in each stage, illustrated by exemplar quotes. Whilst the themes that constitute the process of ‘struggling and changing’ naturally occur prior to those involved in the process of ‘developing and growing’, it is imperative to note that participants did not complete one stage before beginning another. In fact, the processes of going back and forth between each stage was evident across the data as participants experienced growth as well as the ongoing struggle with the consequences of CSA. For example, masculine values seemed to be continually shaped by participants’ evaluation and redefinition of masculinity, rather than static consequences of the process.

Table 5 - Overarching themes and subthemes

Struggling and Changing <i>“You’ve got to do some digging I think to grow and you’ve got to explore your feelings”</i>		Developing and Growing <i>“I really do believe that the recovery process has made me into the person who I am today”</i>
Turning point	↔	Appreciation of life
Redefining masculinity & sexuality	↔	Living by masculine values
Reconnection	↔	Attunement
Resilience	↔	Stronger person
Enablers & Barriers	↔	Activism

Overarching themes

‘Struggling and changing’ refers to the process whereby participants experienced a variety of challenges that they had to endure in order to grow. These challenges seemed to facilitate a process of exploration and self-discovery in which participants tried to make sense of their experiences. Change occurred across various domains, specifically in their perspective of their abuse experience, their perspective of masculinity and sexuality and how they related to themselves. Their determination and resilience seemed to enable them in the process of ‘struggle and change’ and participants were able to identify a number of external factors that either enabled or hindered their journey.

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‘Developing and growing’ refers to the positive outcomes of their struggles. This growth was acknowledged in a number of ways, including an appreciation of life, living by their masculine values, their ability to relate to others, being a stronger person and their abilities and passions to help others. All participants acknowledged that they had experienced some sort of individual transformation in their identities, related to these subthemes. For some, the process of experiencing growth and positive change was longer than others, yet all reported a sense of struggle in order to get there.

Subthemes

Turning Point.

Participants reported negative effects of the CSA which led to years of emotional suffering and difficulties coping. Participants reported a ‘turning point’ in their lives when an opportunity led them to re-evaluate or modify their lives in some way, change their perspective or give them hope. For some participants, this was centred around getting specialist support after a disclosure or breakdown/crisis point:

“When I got through that crisis period, I really felt the sense of recovering myself. You know that scene in the film ‘the Matrix’, where he comes out into the real world? I mean I think of that a bit like that first crisis period where I really found myself and there was a totally, you know, enormously significant life changing experience” (Nigel)

Participants reported a change in perspective once they understood that the abuse was not their fault, after many years of believing they might be responsible for the abuse in some way:

“Now I have learnt it, it wasn’t me, it’s him, it’s always gone through my mind, why did I go there, why did I do this, why did he do that to me, and now I know, that, whatever I would

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have done, he would have done it to me, his intentions were, to do what he did to me”

(Mathew)

For some participants, life circumstances such as becoming a father, incurring a physical injury or moving away led them to re-evaluate their lives and make intrapersonal changes:

“Getting away from all the people that knew about my story. It just gave me a chance to start almost like a clean start with my life. So, I would say that that was the point where I could really evaluate my life” (Ted)

Participants experienced personal change through connecting with others who had similar experiences. This led to them experiencing a change in perspective of how they viewed themselves and enabled them to take steps to make changes to their lives. Perception of self was brought about by positive affirmations that enabled a positive sense of self-worth:

“What is incredibly healing, is sort of random acts of human physicality or psychical approval. For example, I’ve always felt small and weedy, and I remember a man saying to me just in passing “Oh you’re quite a sturdy person aren’t you” and he had no notion of the positive effect that had on me.....just having these positive affirmations, in a way that’s just instinctive....it’s because they’re random that you can’t deny them” (Phil)

Appreciation of Life.

After years of struggle and following their ‘turning point’, participants described that they had a ‘greater appreciation of their lives’ due to having new opportunities, a greater perspective or that their lives had changed for the better through acceptance or forgiveness:

“It’s like some positivity coming out now that it’s giving me a massive understanding of life itself, erm, understanding and I appreciate things more than I probably would have done before” (Ben)

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Participants reported they felt confident trying new things and experienced new opportunities, as a result of their struggle, that would not have been possible otherwise:

“Recognition that that experience well has put me in a room with you today, has sent me to the top of a mountain, has put me in rooms with journalists and TV and radio...I can't take that away because that's the whole reason why I'm doing this” (Toby)

Participants reported they had gained perspective from their experiences, sometimes through comparison with others in different contexts and tragedies. They described being able to see ‘the bigger picture’, in which they felt grateful, strong and content with their lives:

“I realised that my own personal context was my own personal context but if I looked at other people in other parts of the world, then there was a lot of context going on, and a lot of stuff that was not other people's, erm, course of and that helped” (Kevin)

Some participants talked about acceptance and forgiveness as a way of overcoming their struggles to enable them to move on with their lives:

“I was practising it at the time and when I read about mindfulness I was like, yeah I'm doing that already, you sort of, be accepting of how you're feeling rather than getting locked down in a spiral of self-pity, which doesn't help anyone” (Jack)

“I think I had to lay down, I had to start forgiving people. Erm basically just free myself, free my heart because if I carried it around, if I carried all that, then I would be injuring others as well as myself” (Ted)

Redefining masculinity and sexuality.

As children, participants understood the role of a man to be consistent with that of traditional masculinity; that they must be strong, powerful, emotionally stoic and heterosexual. Growing up, this often led to gender shame and/or confusion in their sexual development, given the

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messages that males are not victims of sexual abuse. Such ‘identity conflict’ seemed to cause participants to become hypermasculine in order to conform to masculine stereotypes:

“I did stuff to prove to the lads how tough I were because my father had treat me like a sex object and told me I were a coward so I was battling this all the way through my teenage life” (Ben)

Participants found they were either confused about their sexuality as a result of the CSA or that they overcompensated their sexuality:

“You know I did really question it for a long time, erm, and I guess when I like 16 to 20, I would try and prove that I wasn’t [gay] by sleeping with as many girls as possible” (Adrian)

However, some participants experienced no confusion around their sexuality:

“I can’t say that I’ve ever thought of myself as gay I’ve never gone down that road, erm, certainly in my defence, and I don’t do defence, if I’d fancied a bloke when I was 14 I would say I fancied him” (Ben)

Participants perceived traditional masculinity negatively and reported a process of gender role redevelopment. This involved re-evaluating and redefining masculinity and sexuality that corresponded with their real-life experiences and societal change. Participants described how looking at the negative aspects of traditional masculinity enabled them to weigh up its relative usefulness for today’s society and helped them adapt to a more contemporary expression of masculinity:

“These men that I described from my childhood, err, these embodiments of masculinity in its kind of idealised from the 70s and the 80s, erm, they all cut pretty pathetic figures now.....many with coronary heart disease or diabetes....the way in which they expressed their identity; you can eat what you want, you can drink what you want, you can smoke what you

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want, you know.....they're in the opposite situation now, so I don't think that's served them particularly well" (Toby)

Some participants reported how they re-evaluated the usefulness of their aggressive behaviours and stopped conforming to the 'tough guy' masculine characteristic:

"The older I got the more I kind of had to just take a step back and realised ok; what's going on with my life? I said I can't live my life being angry because where is it getting me? Nowhere" (Ted)

"It's almost as if these answers are hidden from you because you're too full of anger, especially as a young man we use anger as a defence mechanism" (Ben)

Participants recognised that emotional stoicism was not helpful in coping with the consequences of CSA and discovered that opening up, showing vulnerability and speaking out had better outcomes:

"It's kind of how I was brought up, you know, don't complain about things, just get on with it, erm which is a good attitude to have in some aspects of life.....but sometimes you do have to stop and put your hand up and say, you know, this isn't working here" (Jack)

"You've got to do some digging I think to grow and you've got to explore your feelings around these things otherwise you end up I think taking all that stuff in" (Toby)

Participants talked about finding alternative male attributes to adapt to a new masculine role:

"It was so confusing to me at the time, I saw I was losing one identity of this street fighter and gaining this other one, which I probably wanted in the first place, is being this academic" (Ben)

Some participants talked about re-evaluating the function of their hypersexuality which helped them change their sexual functioning:

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“I just realised that that dynamic of, erm, multi sexual contacts wasn’t feeding me or feeding my spirit, certainly wasn’t engaging or loving me” (Paul)

Some participants described how it took time to be able to separate the abuse from intimacy and sexuality:

“For a good number of years afterwards, I didn’t recognise what had happened to me as an abusive experience. I thought it was a homosexual experience” (Toby)

Some participants talked about the arrival of public figures in society who enabled them to understand, redefine and accept their sexuality:

“Part of my male stuff was also about not knowing what I was sexually and that was part of the whole nightmare of being a man was what on earth am I? And fortunately, this man called David Bowie turned up in 71/72 and said it was ok to bi-sexual and it was like wow! Thank God for this! Because it meant I didn’t have to be one thing or another which was a profound thing” (Kevin)

Living by masculine values.

For participants, there was a sense of being a man after the struggle of redefining masculinity which was characterised by a variety of values such as being a good father and role model, protecting loved ones, being sensitive to others, mastery and achievement with an emphasis on their physicality and love and intimacy in their relationships. Participants described their new masculine values:

“I think as part of my recovery process I got a lot of other messages about what it means to be a man. That a man can be caring, that a man can be sensitive, a man can love, a man can be gentle, a man can be a whole human being” (Nigel)

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Those participants who were fathers or had a desire to become a father talked about the importance of being a good role model to their children by being a man:

“[She said] dad you used to ride me on your shoulders and swing me up, and yes I did actually, yes you weren’t a bad dad and it’s like wow! I never thought I’d hear those words”

(Ben)

Some participants described the importance of their masculine role in caring for and protecting others:

“If any woman is threatened in front of me I feel enormous surges of anger....it jolts something inside you, so you become really ultra-protective” (Ben)

Participants talked about the concept of achievement and mastery and how this has contributed towards a sense of being a man:

“I felt much more like wow! I’ve achieved this on my own and yes I’m strong and I became more aware of being a man” (Frank)

Participants emphasised the importance of physicality as this enabled them to value and relate to their masculine bodies whether this be through exercise, sports, walking, climbing etc:

“I spent my life running away from things every day but to use my legs to climb a mountain..... there’s something about the empowering you know...I feel an immense sense of ease and I think it’s to do with the fact that I have used my body in a way that human beings are meant to use their body” (Phil)

“It does make you feel more masculine, I think it does make you produce more testosterone when you do intense exercise, as a man anyway, so you do feel a bit more, erm yeah, authoritative and less timid” (Jack)

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Participants, both those with and without partners, spoke about the importance of love and intimacy in their relationships which they described could only be achieved with trust and respect:

“It’s genuine and it’s nurturing and is loving.....it just means I have extraordinary loving physical feeling towards you at this moment. That is probably the best any human being can ask and hope for” (Phil)

Reconnection.

Given participants had experienced years of disconnection from themselves in some way, whether it be through substance misuse, blocking things out, disassociation, escapism, isolation, many described a process of self-discovery in which they were able to reconnect to their body, their sexuality and their childhood:

“I think it was just the sense of recovering myself, recovering me and who I really am because we can’t really help other people, until we help ourselves, I believe” (Nigel)

Some participants had avoided physical touch or neglected their bodies in such a way they had disconnected from them. Reconnection to their bodies involved a long and challenging journey of getting used to physical touch through swimming, massage, bodywork, psychodrama and looking after their bodies better through exercise and self-care:

“There is something very healing about having somebody massage you, nurturing you, me, in a way that’s not sexual and for me to be able to trust that that wouldn’t happen took a long time” (Phil)

Some participants spoke about the process of reconnecting with their genitals after years of avoidance:

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“The first really hard piece of work I had to do at the beginning of the recovery process was to reclaim my penis.....I had to get to a point where I could touch my penis” (Nigel)

Participants talked about re-establishing sexual and intimate relationships that were based on trust and respect rather than exploitation and shame:

“What I accept is that, at this moment I am a loveable human being and, in a way, that’s more interesting than feeling I am a man” (Phil)

The process of reconnecting with childhood was described by participants. This process was facilitated by reflecting on their pasts with the aid of photos or therapy to help identify who they were as children. Recovering memories was important in this process as childhood memories were often tarnished by the abuse or in some cases completely blocked from participants’ awareness:

“In that time, it suddenly occurred to me; how come all these people can talk about their childhood and then when I turned around to look at my own there was this huge wall couldn’t see over it and didn’t know how deep it was?” (Kevin)

Some participants found it helpful to write letters to themselves as children or through the safe practice of therapy which facilitated reflection on their childhood character and attributes (e.g., “what was I like?”, “what did I enjoy doing?”) to recover a lost part of them:

“I realise she [the therapist] had been relating talking to that little boy with his freckles, brown sandals and white socks, all this time for months, even when I couldn’t, until the day I could.....it was as if it had happened in a moment out of nowhere but of course it was months of work and patience....the room was like a time machine a Tardis where I led step by step to safely travel to my past until I could unify my fragmented self and be present” (Jim)

Reconnection with childhood allowed these participants to recognise their strengths and to rebuild themselves as men:

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“It’s been not just associating myself and who I am with the bad stuff, I have quite a lot of good stuff as well.....so these were all building blocks into being this thing called man”

(Kevin)

Attunement.

Participants described how their experiences had led them to develop an increased level of awareness and insight of themselves and others. Participants spoke about feeling informed, being able to think ‘deeper’ as a result of their struggles:

“I think a lot more deeper now.....I have more understanding of that that you don’t see people on face value. If you see something that’s wrong and something bad is happening see where there’s a causation for that, what’s the reason why this person is doing that?” (Ben)

Participants described having a greater understanding and empathy for others due their level of awareness and informed perspective:

“I would say it made me more aware to who people really are inside” (Ted)

Participants reported the ability to relate to others better which led to a sense of connectedness and solidarity:

“It [connecting with other male survivors] was enormously important because it helped me to see I’m not alone, there are others. People who’ve had the same experiences, people who shared the same experiences and you know to encounter men who even had identical situations to my own..... it’s been very powerful” (Nigel)

Resilience

Participants demonstrated personal attributes that are understood under the umbrella term of resilience. These included; having faith, determination, striving, not giving up despite

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challenges, taking control to make changes to their lives, seeking help and continually trying to redevelop one's self.

"Despite all the shit that's going on around you, you can at the end of the day identify that higher being has declared that you're as equal as anybody else and that extension of love spiritually is as good for you as it is for anybody else" (Paul)

Participants described taking control, in some form, in order to better themselves and aid their recovery:

"There's only a certain amount of support you can have before, erm, you sort of need to do things yourself" (Jack)

Participants demonstrated a determination to help themselves in their journey mostly through reading books and researching the area:

"I wanted to know about it myself. I wanted to do anything I could do myself with this situation. I've read an awful lot of books about it yes which helped" (Frank)

Participants sought help at some point in their lives for the effects of the CSA:

"I do think being able just to talk about it ad-nauseum, over, over again....I think that is important, and I think telling the story, not only to therapists, but also in groups and to other male survivors" (Phil)

Participants talked about striving for peace and justice and not giving up, despite challenges:

"The outcome, err, has shown me my strength, my resilience, how strong I can be to not give up and not say, well, this is it, I'll lay down and let things go on" (Frank)

Participants talked about the importance of a positive mind set:

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“It’s all about trying to keep that positive mind set.....you know nobody likes to be around someone who’s feeling sorry for themselves all the time so you have to try and, erm, say like, right that’s happened, lets sort of move on and make the most or the positive” (Jack)

Participants reported a recognition that there is still further to go and they have work to do.

The notion that their journey is ongoing enabled them to continue growing and developing:

“I believe it’s going to be a lifelong journey especially the older I get I think my attitudes and a lot of my thoughts keep me, you know, kind of keep me grounded but at the same time they also, they mature” (Ted)

Stronger person.

Participants described feeling stronger because of their experiences:

“I’m sort of half afraid of saying is that in many ways it’s made me a better person” (Ben)

“It changed me so much it has put my feet very squarely on the ground I know how tall I stand” (Frank)

Participants reported becoming more assertive as a result of their experiences which was described as standing up for themselves and saying no to people:

“I was always quite erm, easy you know, easy to please before and I think I’m a bit more, I said: I’ve got that side to my personality but I’m a bit more likely to tell people where to go if they are doing something that gets on my nerves” (Jack)

Participants reported feeling more confident in themselves which has enabled them to do things that they could not do previously:

“Now I can go into meetings and not be scared, not be scared that I’m going to get, or I’m going to get found out or people are going to do me down, erm, so I feel more confident and in being able to do that” (Jim)

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Participants reported they were more independent as a result of their struggle and were able to make better decisions:

“I’m better at making decisions for myself and not relying on other people to make decisions for me” (Jack)

Being genuine and moral were key attributes that were demonstrated in the sample.

Participants described how they would respond to others in a way that was consistent with their values:

“But, you know, with colleagues I’m not, I won’t hold back, you know if I think something’s inappropriate I’ll definitely tell them” (Adrian)

Participants described how they have become more grounded and more content with themselves:

“I think now, I’m more grounded in who I am, because back when the abuse was going on I didn’t know what in the world was going on truthfully” (Ted)

Participants were able to reflect on the challenges they faced yet understand this was part of their journey:

“I feel that my life didn’t really begin until I started my recovery process. So, erm, and that’s already now many years ago. That’s 18 years ago so I’m 18 years into my recovery process and I feel it’s erm, I mean much as the experience of what happened to me as a child is, was horrendous, erm, I really do believe that the recovery process has made me into the person who I am today” (Nigel)

Enablers & Barriers.

Participants identified a range of external factors that either enabled or restricted their progress. These were generally related to societal views around masculinity and how recent changes with this have brought about changes in male survivors being accepted.

Participants talked about the restrictive nature of traditional masculinity and the changes over the last few decades in enabling greater acceptance of a variety of masculine ideals:

“Because of the word masculinity I could never follow my dreams or desires and I distinctly regret the fact that masculinity, in my decade is the 60’s, was an entrapment and a prison cell whereas today, hopefully masculinity has been reformed a little so you can be masculine, artistic, colourful, entertaining and not kept a prisoner by masculinity” (Paul)

Some participants reported stereotypes of gay men might impact on male survivors’ development of their own sexual identity:

“You’ve got basically the picture, or the portrait, that all gay men are promiscuous and take risks and they live in these fabulous city apartments you know completely unrealistic from, you know, what I now know to be healthy culture or life.....I was really, sort of, quite terrified and I, you know I didn’t feel that that was a life I wanted to live or lead” (Toby)

Participants described the impact of societal attitudes towards masculinity and male survivors of sexual victimisation in how this restricted their disclosures, silencing them for decades:

“He’s [Corey Fieldman] being saying that for years and he’s just been ridiculed for years.....I guess it takes a more masculine role model in footballers coming out and saying ‘yes, it happened to me’ for it to become part of the conversation” (Adrian)

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“The very sexist and masculine attitudes that have affected [female victims] may be different but they’ve also affected me in terms of ensuring that I keep my mouth shut, ensuring that I’ve remained confused for decades” (Jim)

Being believed was understandably important to growth and participants reported how societal awareness about CSA enabled them to disclose as they were more confident they would be believed:

“What made me go to the police? I think it was just a confidence, that, they were actually going to believe me, and, I also think, that’s a big thing with abuse” (Mathew)

Participants reported that despite strong societal views about child sexual abuse, victims are often still stigmatised:

“We are now in a society which abhors the notion of child abuse. Abhors it. Ever since Saville we’re all in full support. It is almost as though when everybody says; ‘come forward tell the truth, set, come forward as a survivor’. When you do, nobody really wants to talk to you.....it is as though we are tainted instead of being the victims and the survivors of the abuse, we are in some way part of the problem” (Phil)

Participants reported how structure and boundaries were important to them and helped them in their journeys:

“I remember doing some wrestling, you know those trust exercises where you get thrown around? I loved all that and I could do all that and I think it was because there was a boundary, there was a safety in it” (Phil)

Participants described the importance of support from a partner, family member or friend that helped them in their growth journeys:

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“She [supportive figure] was extraordinarily helpful and supportive. I was really glad with her support, erm she really erm, you know, encouraged me to trust myself, to believe myself, you know?” (Nigel)

Some participants reflected on how their struggles may have a vicarious impact on their loved ones:

“I think that the partner probably suffers more in some ways, if they don’t know as well, like understanding I need my space” (Mathew)

Some participants found specialist services for male survivors enabled their journeys due to their gender informed approach:

“I think I wouldn’t have ended up here and gone on the journey that I’ve been on if they [the service] weren’t so upfront about the fact that this is a male service.....this idea of being able to identify was important....my worry is that that’s getting lost a little bit because of this move towards equality” (Toby)

However, prior to reaching this point, many suffered general mental health difficulties, where their problems were diagnosed as mental health disorders, which some participants found hindering:

“People in the Trust are very determined to keep the biological model.....I had 15 odd years of my life wasted by them not looking at their own problems. By endlessly putting me on drugs that didn’t make any difference and actually, you know, ended up causing me trouble with bladder and kidneys” (Jim)

Activism.

Activism was evident in participants and they described how, due to their position, felt it was important that they gave something back to help others:

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“I feel that it’s incumbent on me as somebody who’s been blessed with the very positive recovery journey.....for me to erm, yes to give back, in a sense” (Nigel)

“There’s a need to share because erm, well I’ve got sort of a bad experience and I’ve done that well and I hope by sharing I can help others in this” (Frank)

Many felt strongly about the difficulties they faced in their journeys and, therefore, took action to speak out and challenge ignorance or prejudice in others:

“Just saying; about the Jimmy Saville case and stuff like that and, it’s also, now someone said at work, there goes another person trying to get some compensation, and stuff like, that you know, and, I just said to one of them, you haven’t got a clue what is going on, you haven’t got an incline” (Mathew)

Participants described their journey had enabled them to become confident in speaking out about their experiences:

“When I started out the recovery journey, I was very secretive about it and even as I worked through, you know, the male survivor groups and so on, where I was becoming more open and you know, sharing with more people and more comfortable with who I was” (Nigel)

Participants described how the process of doing something worthwhile to help others can facilitate growth:

“Taking a negative experience and trying to do something with that, that either improves your life or the lives of others you know or both, if possible, I think growth can come from that mind set” (Toby)

Visual Representation

The themes are presented in a way to signify the parallel and concurrent processes involved in the participants' journeys of PTG. As such, these processes were not linear in a temporal sense, but rather, interconnected in terms of their phenomenological and semantic qualities, over time and across the stages. One way these processes might be better understood is with a visual representation of the overarching themes and subthemes in the form of a double helix diagram (figure 2). The PTG helix illustrates the interdependent and interconnected processes that were evident in the findings, providing a metaphorical interpretation of the ongoing nature of these participants' journeys.

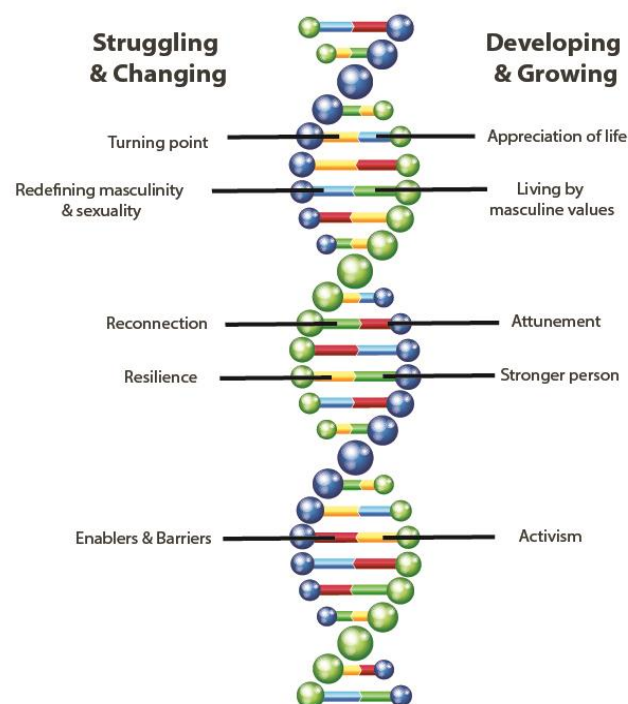


Figure 2 - PTG Helix: Visual representation of the interconnecting parallel processes involved in PTG

Discussion

The study aimed to explore, describe and make sense of the processes of PTG in male survivors of CSA; more specifically, how male survivors have managed to develop, redevelop or re-establish a healthy and positive sense of their own gender role. These processes have been explored and interpreted through the presentation of two overarching master themes and ten sub-themes.

Analysis supports the hypothesis that male survivors of CSA can, and do, experience positive change and emotional growth as a result of the trauma. It is widely assumed that those who experience CSA are ‘damaged’ individuals and research has tended to focus on the negative consequences of CSA (Davies et al., 2010; Coxell & King, 1996; O’Leary, 2009; O’Leary & Gould, 2009; Mezey & King, 1989; Tewksbury, 2007; Walker et al., 2005a, b). Similar to that of female survivors, male survivors in the present study also experienced positive change in their ability to relate to and help other victims (Draucker, 1992), grow stronger as a person (McMillen et al., 1995; Frazier et al., 2001; Simon et al., 2015; Stige et al., 2013), and appreciate life (Shakespeare-Finch & De Dassel, 2009). However, unlike female survivors, there were no growth outcomes of spiritual change reported by this sample (Shakespeare-Finch & De Dassel, 2009). There might be several reasons for this. Firstly, that the sample did not report this. Secondly, that the sample might have been skewed, given the lack of diversity. Thirdly, that the interview schedule did not provide opportunity for this to be explored; however, this seems unlikely, given the open questioning style in the topic guide. Fourthly, that a change in spirituality was not conceptualised as PTG due to the personal and theoretical perspectives of the author (e.g., limited understanding about spirituality and/or variation of terms used to describe the concept; ‘philosophy’ and ‘meaning’, may have resulted in this theme being missed). However, it seems that spirituality was reported by four participants as being significant in supporting them in their growth journeys rather than an

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outcome of growth. This supports previous research which found spirituality to be a predictor of PTG (Brooks et al., 2016). Therefore, whilst a change in spirituality was not evident, spirituality seems important in supporting the development of PTG for male survivors who are already spiritual.

Given the distinct difficulties encountered by male survivors of CSA, in addition to the PTG experiences of female survivors, this sample also evidenced growth processes that were related to masculinity and sexuality. As male survivors often experience gender role crises as a result of CSA, it is therefore understandable that growth would entail redevelopment of the masculine identity. In support of previous literature that men who manage their emotions in line with traditional masculine norms may struggle to experience PTG (Easton et al., 2013), findings from this study went further to explain how participants went through a process of ‘redefining masculinity and sexuality’ in order to inform their new ‘masculine values’. This involved looking at the negative aspects of traditional masculinity (i.e., emotional stoicism, being tough, aggressive etc.), weighing up their function and finding alternative male attributes (i.e., warmth, compassion and sensitivity) that reflect a more contemporary expression of masculinity. Consistent with previous research, the process of renegotiating traditional masculine norms appears to be important (Kia Keating et al., 2005). Therefore, it seems that for male survivors to achieve growth, they must critically explore and redefine the masculine construct to reflect their ‘real life’ emotional and psychological experiences. Living by a new set of masculine values which discourages toughness and stoicism, and involves being a good role model, caring for others and a sense of achievement, might diminish shame and conflict.

Findings suggest that PTG is an ongoing interconnecting process. Therefore, male survivors’ experiences are likely to be complex and idiosyncratic. Similar to psychological models of bereavement (Kubler-Ross, 1969), progression through such stages of grief or growth, is not

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necessarily linear or discrete; where one stage must be completed before going onto another. Rather it is interconnected to other aspects of the journey and includes a parallel process of oscillating between struggle and growth. Growth is not a destination, it might be best understood as an ongoing exploration. As such, the notion that male survivors will no longer struggle with the consequences of CSA once growth has been achieved, is also negated. These findings add to the ambiguous literature around the temporal course of PTG. Whilst some studies found length of time since the traumatic event correlates with PTG (Cordova et al., 2001), it argued that mediating factors such as individual circumstances and ‘use’ of time are more relevant, (Easton et al., 2013; Linley & Joseph, 2004), suggesting PTG is not a linear or cumulative process (Frazier et al., 2001; Helgeson, Reynolds & Tomich, 2006). PTG in male survivors of CSA can therefore be conceptualised using the helix diagram of interacting processes of ‘struggle and change’ and ‘growth and development’, which therefore supports the hypothesis of non-linearity. If, or when growth stops, or conversely, once begun, does it ever stop, are questions yet to be explored.

The master themes found in this study seem to support the dearth of PTG literature that suggest that distress and growth are two separate constructs and can co-occur together (Borja et al., 2006; Brooks et al., 2017; Davies et al., 1998; Stermac et al., 2014). There is evidence that for some groups (i.e., university students, cancer survivors, bereaved people, female survivors of sexual victimisation), high levels of distress have been significant in facilitating PTG (Brooks et al., 2016; Cordova et al., 2001; Davies, et al., 1998; Frazier et al., 2001), perhaps due to the self-exploration or rumination involved (Brooks et al., 2017; Morris & Shakespeare-Finch, 2011). Whilst it is yet unknown whether this is evident in the male survivor population, these findings provide initial insight into the concept of distress and growth as independent constructs.

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A theme of a ‘turning point’ emerged from the data which was triggered by a change in perspective or re-evaluation of circumstances. The process of participants realising the CSA was not their fault was important and supports the literature that many male survivors are conflicted in believing they might be partly responsible for their abuse if they did not fight back or deal with the consequences appropriately (Davies et al., 2010; Peterson et al., 2011; Walker et al., 2005a, b). Perception of the trauma experience has been found to be essential for PTG to take place (Brooks et al., 2017). Therefore, relinquishing blame facilitated a change in perspective and a greater ‘appreciation of life’ in male survivors (Shakespeare-Finch & De Dassel, 2009). This theme supports previous evidence that a ‘turning point’ was positively related to PTG in male survivors of CSA (Easton et al., 2013). More research may further build on this hypothesis to explore whether timing is significant for a turning point, or if individual factors mediate a turning point in PTG.

‘Disconnection’ is the body’s way of protecting oneself during periods of trauma (Rothschild, 2000). It is no surprise that male survivors would spend many years of their lives trying to escape from the traumas of CSA and perhaps engage in strategies to enable this (i.e., substance misuse, denial, memory suppression etc.). However, the findings suggest that reconnection to their bodies, sexuality and childhood helped in promoting PTG. It is understandable that this process might be challenging, given the body being the scene of the crime, past sexual contact being exploitative and childhood being a position of vulnerability. It is no surprise that male survivors may feel let down by their bodies or associate these things with shame. It seems that the process of reconnection provided opportunities for participants to perceive their bodies, sexuality and childhood in a way that was not shameful as well as facilitate a sense of control in their lives. As such, the exploration enabled them to experience their bodies as something to be proud of and enjoy, to feel that sexual contact can be loving and caring, and their sense of themselves as children was innocent and resilient.

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These findings support literature that survivors of CSA benefit from reframing their traumatic experiences (Sanford, 1990) and lend further evidence that one's perception of control is influential to PTG (Brooks et al., 2017). The process of reconnecting to themselves in turn facilitated 'attunement', or simply, an increased ability to relate to others. This has been found amongst other survivors of trauma and is integral in PTG (Draucker, 1992).

'Resilience' was important in facilitating PTG in the male survivors in this study. Key qualities were determination, not giving up despite challenges, taking control, seeking help and striving for change. It makes sense that those who are determined, are more likely to persevere and achieve more. This supports the literature that coping styles are significant in PTG in that adaptive strategies such as problem-focused coping and seeking emotional support were found to facilitate personal growth (Tedeschi & Calhoun, 2004). This inevitably resulted in participants reporting a sense of being a 'stronger person' due to their experiences, which is consistent with that of other survivors of trauma (McMillen et al., 1995; Frazier et al., 2001; Simon et al., 2015; Stige et al., 2013). Assertiveness and independence were described as some of the benefits in participants' growth journeys. Whilst these are common attributes frequently reported in the general population, it is acknowledged that the trauma of CSA often evokes a profound sense of powerlessness and submission in victims. Therefore, these findings demonstrate that the ability to overcome such oppression after CSA and become a stronger person is possible.

In line with previous research, societal attitudes around masculinity and stigma towards male survivors were found to impact on participants' recovery (Davies & Rogers, 2006; Lowe & Rogers, 2017; O'Leary & Barber, 2008; Walker et al., 2005a), as men are often not acknowledged as victims of sexual abuse. Therefore, for many male survivors, their experience of growth is hindered by the traditional masculine concept. Whilst it is evident that some progress is being made in terms of recent media coverage and more disclosures, the

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findings in this study raise important issues around the ongoing stigmatisation of victims. Confidence in being believed, and greater acceptance of diversity in male gender expression over the last few decades were reported to help male survivors in their growth journeys. However, it is evident that there still remains the issue of survivors being blamed (Eaton & Holmes, 2017), regardless of societal repugnance of CSA. The political drive for victims to disclose - now they will be 'believed' - is perhaps contradictory when they are left unsupported once their stories have been told and perpetrators convicted. Is society more fascinated with the abhorrence of CSA and moral reasoning rather than the psychological and emotional needs of victims? Service provision for male survivors has increased twofold over the last decade, however, the absence of national policy means victims may be subject to poor quality of support (Lowe & Rogers, 2017) or even left vulnerable to further abuse given insufficient safeguarding (The Sunday Times, 2018). It is evident that there is further progress to be made to alleviate the stigma that survivors still face and to ensure they are properly supported in their journeys.

The desire to give something back and help others was evident in the male survivors in this research. In support of previous literature, the process of activism was found to be important in PTG (Draucker, 1992). The act of helping others seems to, in turn, facilitate growth in oneself. Activism presented in different ways, whether it be challenging prejudice, educating others or campaigning for change. However, it is important to acknowledge that whilst activism was a theme for this group of participants, it is unsurprising, given how and where they were recruited from and the nature of participating in research being an act of activism. Therefore, this sample is possibly skewed and not representative of all male survivors. It is notable that activism seemed evident on the latter end of participants' growth journeys, for some they had just begun. Similar to recovery in other contexts (e.g., Alcoholics Anonymous), the process of reciprocal helping through becoming a sponsor is said to bring

about a ‘spiritual awakening’ as a result of completing this last step (Alcoholics Anonymous, 2018). Timing of activism in PTG seems important, perhaps survivors need to experience growth individually before they can help others. Therefore, greater insight into how activism facilitates growth is warranted. However, it is important to consider that the act of helping others is not desirable to everyone, and there is a risk that male survivors may feel inadequate if they prefer not to speak out or campaign, for example.

Clinical Implications

The findings of this study have potential implications for support services and practitioners, who often struggle to know how best to meet male survivors’ distinct needs. It is important for the heterogeneity of the male survivor population to be acknowledged and responded to. Individual experience is context-specific and it was apparent that participants’ views and experiences were unique to them. The needs of one person may differ significantly from the needs of another. Therapists should first take time to establish a trusting relationship with male survivors to enable safe exploration of their experiences. A careful and comprehensive assessment and formulation will highlight the unique and idiosyncratic needs of each individual.

Knowledge about PTG after CSA can be helpful for male survivor services and organisations. Clinicians need to be aware of the opportunity for PTG for the client group. It is important to dispel the myth that CSA results in victims being ‘damaged’, as the present evidence suggests that some survivors report becoming ‘stronger’ individuals. Psychologists may play a key role in developing psychological interventions that promote PTG. These interventions may help survivors to experience positive change following trauma, thereby improving their health and wellbeing. A focus on reducing distress has largely dominated therapeutic goals, however evidence suggests that growth can co-exist alongside distress and it seems, be enhanced by the struggle involved. Male survivors may interpret ongoing distress as a

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setback or lack of progress and therefore clinicians should convey the idea that struggling is actually a part of growth. As such, psychological interventions that focus solely on reducing distress may be inadequate in meeting survivors' needs.

A turning point was found to be integral to male survivors' growth journeys. It seems that a change in perspective in how they perceived the CSA (i.e., understanding it was not their fault) was important and therefore this may need to be a key aim for therapists when working with male survivors. Facilitating reflection on how one views 'lived experience' may enable male survivors to recognise positive changes and new opportunities, given personal interpretation seems important in facilitating PTG (Brooks et al., 2017). It seems that PTG does not occur without critical and challenging exploration of the self. Enabling reflection of masculinity and sexuality with male survivors may help identify key barriers to personal change (i.e., if one believes talking about emotions is a sign of weakness, one may be less able to explore one's own feelings and thus experience PTG). Male survivors should be supported to identify their stereotypical beliefs about masculinity, re-evaluate their function and redefine their gender role to include more positive and healthy male attributes that align with their values. A values-based intervention such as Acceptance and Commitment Therapy (ACT) may help with this (Harris, 2009). The self-shame male survivors felt following CSA seemed to contribute towards a sense of disconnection from themselves for many years. Therapeutic work, therefore, might involve reconnecting to themselves in a safe and contained way. Clinicians may wish to encourage male survivors to explore the positive aspects of their bodies, their sexual organs and their physicality, perhaps through physical touch or exercise, to enable experiences that are shame free. Facilitating reflection on themselves as children; their character and attributes, through the use of photos or letters, may recover a lost part of them and recognise their strengths as children.

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Intervention at a political level needs to take place to ensure that survivors of CSA are supported sufficiently. Whilst there are clinical guidelines for best practice in working with male survivors currently underway (Male Survivors Partnership, 2018), further standards are needed for the quality and level of training for staff working with survivors to ensure their distinct needs are being met. Sufficient safeguards in all male survivor organisations need to be implemented to reduce potential vulnerability to those accessing support. Services need to adopt a non-medical approach to working with survivors and their difficulties are best understood using a psychological model. Support organisations should take a gender informed approach to enable male survivors can identify with them.

Strengths & Limitations

These findings have provided some empirical evidence of the growth experiences of male survivors of CSA. This is the first known qualitative study to explore PTG in male survivors of CSA. Given the CSA literature is largely focused on negative consequences, this study has provided evidence to support the scarcity of research to suggest PTG, or positive change is possible, following CSA. The research offers in-depth insight into the interconnecting processes involved in PTG of male survivors of sexual abuse. The generated themes illuminate the key aspects of gender role redevelopment that may require consideration when supporting PTG in male survivors. This evidence provides a framework for which the complexities of male survivors' gender role and sexuality growth journeys can be better understood. It is hoped that these findings can inform further research in this much needed area and be used to develop organisational provision and clinical practices with male survivors.

There were various methodological limitations. The choice of analytic method, whilst considered theoretically flexible to interpret the data from a constructionist and Foucauldian perspective, may have impacted the findings. In TA, interpretive power is limited due to the

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lack of a theoretical framework and analysis is largely driven by the relationship of the researcher and participant in ‘co-producing’ the findings (Burck, 2005). Interpretation is therefore influenced by the position of the researcher (e.g. age, gender, ethnicity, sexual orientation) which can often lead to inconsistency during theme development. Alternative qualitative methods may have acknowledged the complexities of sense-making or the hermeneutic aspects of interpretation offering a more sophisticated level of understanding.

As such, it is possible that personal influence or preconceptions about the topic areas may have subjectified the data collection and analysis. As a young, white, heterosexual, female researcher, personal beliefs about gender difference meant that participants experiences were somewhat co-constructed through this lens. As a trainee clinical psychologist, inferences and assumptions about ‘processes’ and ‘meaning’, may have been shaped by therapeutic work with male clients and pre-existing knowledge of trauma models and psychological interventions. Personal reasons for carrying out research (e.g., challenge stigma, injustice) may have led to greater emphasis and exploration in interviews based on the researchers interests that were perhaps not necessarily shared by participants (e.g., responses from others following disclosures).

Unfortunately, CSA rarely occurs in the absence of other types of abuse and, therefore, difficulties may be indicative of physical or emotional abuse, for example. Therefore, it is difficult to determine whether an outcome is a result of CSA, or another form of abuse or in fact whether it is mediated in some other way. Furthermore, given PTG often naturally occurs alongside time, it is likely that positive change will increase as one gets older. This raises the question of whether the changes experienced by male survivors are indicative of PTG, or perhaps simply growing older or maturing? Comparison groups are not featured in qualitative research, given the idiosyncratic nature of participants being explored. As such, the findings can only indicate a possible association between the consequences of CSA and PTG.

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The sample consisted of Western males who were predominantly white, who may have differing views and experiences of growth compared to male survivors from other ethnicities. Activism was important to many male survivors in this sample and, therefore, participants may have been more likely to seek help, which may not be representative of the male survivor population. All the participants were linked to support services in some way (either recruited from or through their social media), and therefore it is possible that the findings only apply to this particular context. Participants who take part in research might be more motivated to speak out or have stronger opinions, meaning their views are overrepresented. In addition, the opportunity for activism and free speech in Western societies may be largely different to those in other societies whereby the sexual abuse of males is understood differently. Furthermore, the nature of many participants who accessed therapy and participated in years of discussion relating to CSA, may have influenced their perspective of growth compared to male survivors who have experienced growth without therapy.

Future Research

Future studies should recruit a greater diversity of male survivors from varying backgrounds and ethnicities who may be more representative of the male survivor population. Alternative strategies of recruitment may enlist hard-to-reach male survivors who have no affiliation with support services or those who have not engaged in therapy, who are perhaps less likely to help seek, in order to provide more widespread narratives of growth.

More research to explore PTG in male survivors of CSA is warranted, given the lack of evidence in the literature. Greater insight into the interacting processes of PTG in male survivors of CSA may help to determine whether those who struggle are more likely to achieve growth. There is existing evidence to suggest that ‘active rumination’ is a requirement for PTG to occur (Brooks et al., 2017; Morris & Shakespeare-Finch, 2011) and therefore exploration of these constructs in male survivors may contribute further to the PTG

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literature. The journey of growth is less understood and longitudinal studies would help to understand this better, to conceptualise the endpoint of growth, or determine, if indeed, there is an endpoint.

Studies may wish to focus on the ‘turning point’ concept to explore mediating factors that might be significant such as timing. Exploration of the processes involved would be useful, as it seems a change in perspective is evident. Further research may strengthen findings from previous research (Easton et al., 2013). The current study is the first to focus specifically on the redevelopment of gender role and sexuality in male survivors and therefore more evidence is required to explore for whom this is possible. Quantitative studies with male survivors may provide insight into any potential mediating factors for those who are able to redevelop their sense of masculinity to achieve growth. Factors such as coping styles or personality may be instrumental in male survivors’ experiences of PTG, given the evidence in other populations (Tedeschi & Calhoun, 2004). Future studies could also explore the influence of fatherhood or physicality in male survivors’ growth journeys, since these were found to be key masculine values.

Along with previous research, the findings suggested social support is vital in PTG (Brooks et al., 2006; Linley & Joseph, 2004; O’Leary & Gould, 2009). However, for many male survivors of CSA, perpetrators are often family members and therefore the opportunity for emotional support becomes difficult given the complexities involved with this. Further inquiry into the function of supportive figures in PTG may provide clarity around male survivors’ specific support needs in order for these to be best met. More research looking at spirituality in male survivors is warranted given the association to PTG in female survivors (Shakespeare-Finch & De Dassel, 2009) and the underrepresentation in this sample. Finally, more research to explore the processes of activism in PTG would help establish whether

helping others facilitates growth in male survivors and at what point this is likely to benefit, given timing seems important.

Conclusions

Despite narratives that victims of CSA are damaged individuals, the male survivors in this study were able to experience personal positive change as a result of their struggles. In line with theories around non-linearity of PTG, the processes of positive change were experienced as parallel and interconnected in nature where male survivors oscillated between ‘struggling and changing’ and ‘developing and growing’ throughout their ongoing journeys. Male survivors were able to redevelop a healthy sense of gender role and sexuality through a variety of specific processes. This research has provided much needed empirical evidence of positive gender role and sexuality development following CSA and has enabled conceptualisation of PTG in male survivors. Furthermore, the findings evidence the importance of gender-informed support provision and growth based clinical interventions for male survivors.

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Appendix A: Author Guidelines for Trauma, Violence, & Abuse

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8. Figures. They should be numbered consecutively in the order in which they appear in the text and must include figure captions. Figures will appear in the published article in the order in which they are numbered initially. The figure resolution should be at least 300dpi at the time of submission.

9. Appendices. They should be lettered to distinguish from numbered tables and figures. Include a descriptive title for each appendix (e.g., “Appendix A. Variable Names and Definitions”). Cross-check text for accuracy against appendices.

10. Author Biographies. Author(s) are required to send a 40-60 word biography for publication at the end of the article.

Appendix B: Data extraction tool for systematic review

Headings	Guidance	
Full reference		
Year		
Country	e.g. UK	
Setting	<i>e.g. Third sector organisation</i>	
Aims/ Objectives		
Design	e.g. Qualitative	
Type of data collection	e.g. semi structured interviews	
Sample	Ethnicity age	
N =		
Type of analysis	e.g. narrative	
Findings related to impact on male gender role/ masculinity	e.g. overcompensation of perceived 'masculine' attributes (e.g. increased aggression)	
Findings related to impact on male sexuality	e.g. confusion about sexuality	
Methodological problems	e.g. no interrater reliability	
Main conclusions	e.g. masculine norms influence male survivor experiences	

Appendix C: Critical Appraisal Skills Programme (2015) quality assessment tool



10 questions to help you make sense of qualitative research

How to use this appraisal tool

Three broad issues need to be considered when appraising the report of a qualitative research:

- **Are the results of the review valid?**
- **What are the results?**
- **Will the results help locally?**

The 10 questions on the following pages are designed to help you think about these issues systematically. The first two questions are screening questions and can be answered quickly. If the answer to both is “yes”, it is worth proceeding with the remaining questions.

There is some degree of overlap between the questions, you are asked to record a “yes”, “no” or “can’t tell” to most of the questions. A number of italicised prompts are given after each question. These are designed to remind you why the question is important. Record your reasons for your answers in the spaces provided.

These checklists were designed to be used as educational tools as part of a workshop setting

There will not be time in the small groups to answer them all in detail!

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Screening Questions

1. Was there a clear statement of the aims

☐

Yes

☐

Can't tell

☐

No

of the research?

HINT: Consider

- What was the goal of the research?
- Why it was thought important?
- Its relevance

2. Is a qualitative methodology appropriate?

☐

Yes

☐

Can't tell

☐

No

HINT: Consider

- If the research seeks to interpret or illuminate the actions and/or subjective experiences of research participants
- Is qualitative research the right methodology for addressing the research goal?

Is it worth continuing?



Detailed questions

3. Was the research design appropriate to address the aims of the research?

☐ Yes☐ Can't tell☐ No

HINT: Consider

- If the researcher has justified the research design (e.g. have they discussed how they decided which method to use)?
-

4. Was the recruitment strategy appropriate to the aims of the research?

☐ Yes☐ Can't tell☐ No

HINT: Consider

- If the researcher has explained how the participants were selected
- If they explained why the participants they selected were the most appropriate to provide access to the type of knowledge sought by the study
- If there are any discussions around recruitment (e.g. why some people chose not to take part)

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**Was the data collected in a way that addressed
the research issue?**

☐

Yes

☐

Can't tell

☐

No

HINT: Consider

- If the setting for data collection was justified
 - If it is clear how data were collected (e.g. focus group, semi-structured interview etc.)
 - If the researcher has justified the methods chosen
 - If the researcher has made the methods explicit (e.g. for interview method, is there an indication of how interviews were conducted, or did they use a topic guide)?
 - If methods were modified during the study. If so, has the researcher explained how and why?
 - If the form of data is clear (e.g. tape recordings, video material, notes etc)
 - If the researcher has discussed saturation of data
-

Has the relationship between researcher and

☐

Yes

☐

Can't tell

☐

No

participants been adequately considered?

HINT: Consider

- If the researcher critically examined their own role, potential bias and influence during
 - (a) Formulation of the research questions
 - (b) Data collection, including sample recruitment and choice of location
- How the researcher responded to events during the study and whether they considered the implications of any changes in the research design

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Have ethical issues been taken into consideration?

☐ Yes

☐ Can't tell

☐ No

HINT: Consider

- If there are sufficient details of how the research was explained to participants for the reader to assess whether ethical standards were maintained
- If the researcher has discussed issues raised by the study (e.g. issues around informed consent or confidentiality or how they have handled the effects of the study on the participants during and after the study)
- If approval has been sought from the ethics committee

Was the data analysis sufficiently rigorous?

☐ Yes

☐ Can't tell

☐ No

HINT: Consider

- If there is an in-depth description of the analysis process
- If thematic analysis is used. If so, is it clear how the categories/themes were derived from the data?
- Whether the researcher explains how the data presented were selected from the original sample to demonstrate the analysis process
- If sufficient data are presented to support the findings
- To what extent contradictory data are taken into account
- Whether the researcher critically examined their own role, potential bias and influence during analysis and selection of data for presentation

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Is there a clear statement of findings?☐ Yes ☐ Can't tell ☐ No

HINT: Consider

- If the findings are explicit
 - If there is adequate discussion of the evidence both for and against the researchers arguments
 - If the researcher has discussed the credibility of their findings (e.g. triangulation, respondent validation, more than one analyst)
 - If the findings are discussed in relation to the original research question
-

How valuable is the research?

HINT: Consider

- If the researcher discusses the contribution the study makes to existing knowledge or understanding e.g. do they consider the findings in relation to current practice or policy?, or relevant research-based literature?
- If they identify new areas where research is necessary
- If the researchers have discussed whether or how the findings can be transferred to other populations or considered other ways the research may be used

Appendix D: Author Guidelines for Archives of Sexual Behavior

This document has been shortened, but the full document can be retrieved from:

https://www.springer.com/psychology/sexual+behaviour/journal/10508?detailsPage=pltc_i_4658

Manuscript Style

Type double-spaced and left-justified in 12-point Times New Roman font using 1-inch margins on all sides. Number all pages (including table pages and figure-caption page), except the title page, consecutively with Arabic numerals placed in the upper right-hand corner. In order to facilitate masked (previously termed “double-blind”) review, leave all identifying information off the manuscript, including the title page and the electronic file name. Appropriate identifying information is attached automatically to the electronic file. Upon initial submission the title page should include only the title of the article.

An additional title page should be uploaded as a separate submission item and should include the title of the article, author’s name (including highest degree received), and author’s affiliation. Academic affiliations of all authors should be included. The affiliation should include the department, institution, city, and state (or nation) and should be typed as a numbered footnote to the author’s name. The title page should also include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs.

An abstract, preferably no longer than 250 words, is to be provided as the second page.

A list of 4–5 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

The Acknowledgments section (if any) should be included as part of the separate title page to facilitate masked (i.e., double-blind) peer review..

Illustrations

Illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals and cited in numerical order in the text. Photographs should be high-contrast and drawings should be dark, sharp, and clear. Artwork for each figure should be provided on a separate page, placed at the end of the manuscript (i.e., after the References section). Each figure should have an accompanying caption. The captions for illustrations should be listed on a separate page.

Tables should be numbered consecutively with Arabic numerals and referred to by number in the text. Each table should be typed on a separate page, placed at the end of the manuscript (i.e., after the References section), and should have a descriptive title. Center the title above the table, and type explanatory footnotes (indicated by superscript lowercase letters) below the table.

References

List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. References should include (in this order): last names and initials of all authors, year published, title of article, name of publication, volume number, and inclusive pages. The style and punctuation of the references should conform to strict APA style.

Footnotes

Footnotes should be avoided. When their use is absolutely necessary, footnotes should be numbered consecutively using Arabic numerals and should be typed at the bottom of the page to which they refer. Place a line above the footnote, so that it is set off from the text. Use the appropriate superscript numeral for citation in the text.

Style Guide

The 2010 Publication Manual of the American Psychological Association (Sixth Edition) should be used as the style guide for the preparation of manuscripts, particularly with respect to such matters as the citing of references and the use of abbreviations, numbers, and symbols. Manuscripts departing significantly from the Sixth Edition style will not be reviewed until a corrected manuscript has been received.

Appendix E: Advertisement flyer for the study

Male survivors

Do you have a perspective on emotional growth following sexual abuse? Is such growth real and what does it look like?

Experiencing childhood sexual abuse is traumatic. For some survivors, however, it is possible to experience some positive change over time as a result of their struggles with the trauma, and to develop and grow from this struggle. We are interested in exploring how some male survivors of sexual abuse have managed to develop a positive sense of self identity and masculinity over time.

If you are a male survivor who is aged 18 or over and can identify with this, we would like to invite you to take part in a confidential interview. If you would like to share your story of positive growth, or more information about this research study, please contact Hazel Lewis via the links below.



EMAIL FOR MORE INFORMATION
hlewis@liv.ac.uk



FOLLOW US ON TWITTER
@malesurvivorsUK



LIKE US ON FACEBOOK
male survivors research UK

Appendix F: Participant information sheet**Participant Information Sheet****Study Title: Positive change and gender role in male sexual violence/abuse survivors.**

You are being invited to participate in a research study. Before you decide whether to participate, it is important for you to understand why the research is being carried out and what it will involve.

Please take time to read the following information carefully and feel free to ask us if you would like more information or if there is anything that you do not understand.

Please also feel free to discuss this with your friends and family. We would stress that you do not have to accept this invitation and you should only agree to take part if you want to.

Thank you for reading this.

What is the purpose of this study?

Previous research has found that male survivors of sexual violence or sexual abuse often experience difficulties relating to their sense of gender role ('being a man'), masculinity, sexuality, or sexual orientation, following their abuse/ assault. This may be due to societal stereotypes, perhaps leading survivors to question their sense of masculinity or sexuality. There are also studies that show that some female survivors have experienced positive changes following sexual abuse; however, there is no research focused solely on male survivors' experiences. The aim of this study is therefore to explore and make sense of any such positive changes experienced by male survivors of sexual violence/abuse. These changes might include male survivors having been able to develop, or re-develop, a positive personal and gender identity as a male and a positive sense of their masculinity and/or sexuality. Therefore, this study aims to explore and understand how positive changes may have occurred, how survivors themselves understand this positive change and growth, and what factors may have helped male survivors to develop, or re-develop, a healthy identity and gender role.

Why have I been chosen to take part?

The study is looking specifically at (1) adult (aged 18 or over) males who have (2) experienced sexual violence/ abuse in childhood/ adolescence (before the age of 16 years), and who (3) self-identify as having been able to (re)develop or (re)establish a healthy and positive sense of gender role/ sense of self/ masculinity/ sexuality.

A number of services that provide psychological support to male survivors of sexual violence/ abuse were approached to take part in this study. You are receiving this information

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meet the inclusion criteria stated above, you will be invited to take part in this study, if you wish.

Do I have to take part?

No, taking part is completely voluntary. You can refuse to take part and you do not have to provide a reason.

What will happen if I take part?

You will be invited to attend an interview at a location of choice (i.e. your own home, allocated room at your local support group, allocated room at the University of Liverpool or University of Bolton) or via video call. The interview will last about an hour. The interview will cover topics such as the context around your violence/ abuse experience, your thoughts around male gender stereotypes, and most importantly, how you have experienced positive change and what has helped you achieve this. A Dictaphone will be used to record the interview so that the researcher can consider your responses in detail at another time. The audio data will then be transcribed two weeks later by an approved University transcriber who will treat this information in confidence, and uploaded to computer software, then subsequently deleted. Your interview data will be stored under a password protected computer file or on an encrypted pen drive, the password of which will be only known by the researcher and their supervisors. All personal information and identities will be kept anonymous and data referred to using a pseudonym and reference number. Once the study has finished, a brief lay summary of the findings will be made available which will be made available to you on request.

Expenses / Payments

If you decide to take part in the study, you will be reimbursed for travel costs up to £20 (public transport tickets or mileage claims need to be provided, and receipt of expenses must be signed for). You will also receive a £10 high street voucher as an expression of thanks and to compensate for your time.

What are the risks and benefits of taking part?

It is possible that the interview will bring up topics you may find distressing to talk about. You do not have to answer all the questions and you can ask for the interview to be paused or stopped altogether at any time without giving any explanation. It is important that you make the researcher aware of any discomfort you experience if at all possible. You will be given some debrief information at the end of the interview.

There are no direct benefits for participants to taking part in this study. However, the findings should help professionals' understanding of the positive changes experienced by male survivors of sexual violence/ abuse in terms of the (re)development of identity and gender role, the processes in how these may have occurred, and what factors may have helped male survivors achieve this.

What if I am unhappy or if there is a problem?

GENDER ROLE & SEXUALITY IN MALE SURVIVORS

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Dr Gundi Kiemle (details below) and we will try to help. If you remain unhappy, or have a complaint which you feel you cannot come to us with, then you should contact the Research Governance Officer on 0151 794 8290 or at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

If you feel distressed during the interview, the researcher may offer a break or alternatively ask if you wish to finish the interview at that point. In addition, Bob Balfour (CEO West Yorkshire Survivors) will also be available online and via phone, should you require extra support.

Will my participation be kept confidential?

The audio recording of your interview will be kept in a locked cabinet at the University of Liverpool and only the research team and a transcriber will hear your interview. On completion of the study, the audio recordings will be destroyed. Following transcription, the interview material will be stored under a password protected computer file or on an encrypted pen drive, of which will be only known by the research team. Your interview will be referred to using a reference number. The data will be destroyed after 10 years in line with governance guidelines. The information you provide in the interview will be used for this study only and responses will remain confidential, unless there is evidence that you or someone else is at risk of harm, or poses a risk to others.

What will happen to the results of the study?

Some of your responses may be presented as brief quotes in the write-up of this study, but you will not be identifiable, as no names or personal details will be presented. These anonymised quotes may also be presented in any academic publication of the study, which will be in journals available to professionals in the field. A blog outlining the progress of the study and any broad themes that emerge will be provided through social media to invite reflections and encourage a continual link with participants, which you will receive if you wish to join. A brief written summary of the study will also be available to you on request.

What will happen if I want to stop taking part?

You are free to withdraw from the interview at any time, for whatever reason, and you do not have to provide any reason for doing so. The responses that you have given up to the point of withdrawal from the interview may still be used in the study only if you are happy with this. If you chose to take part but later decide you do not wish for your information to be part of the study, you may withdraw by contacting the researchers up to two weeks after your interview, as transcription and analysis will be taking place after this time. Thereafter, your anonymised data will be retained and used as part of the analysis. You will be provided with a code that corresponds with your interview with the researchers, in order for your information to be stored anonymously but identified if you want to withdraw.

Who can I contact if I have further questions?

Please contact the Principal Investigator, if necessary:

Dr. Gundi Kiemle

HCPC registered Clinical Psychologist & UKCP registered Psychotherapist

Academic Director

g.kiemle@liverpool.ac.uk

Doctorate in Clinical Psychology Training Programme

Whelan Building

University of Liverpool

Liverpool L69 3GB

tel: 0151 794 5877/ 5534

If you would be interested in taking part, please contact the Project Researcher:

Hazel Lewis

Trainee Clinical Psychologist

hlewis@liverpool.ac.uk

Doctorate in Clinical Psychology Training Programme

Whelan Building

University of Liverpool

Liverpool L69 3GB

tel: 0151 794 5877/ 5534

Thank you for taking the time to read this information sheet.

Appendix G: Consent form**Study Consent Form****Positive change and gender role in male sexual violence/abuse survivors.****Researchers: Hazel Lewis, Dr Gundi Kiemle, Dr Michelle Lowe, Bob Balfour**

1. I confirm that I have read and have understood the information sheet dated 15/09/17 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my rights being affected. In addition, should I not wish to answer any particular question or questions, I am free to decline. ☐
3. I understand that, under the Data Protection Act, I can at any time ask for access to the information I provide and I can also request the destruction of that information, if I wish, for a period of two weeks following the interview. ☐
4. I understand and agree that once I submit my data it will be transcribed and anonymised. After a period of two weeks following the interview, I will no longer be able to withdraw my data, as the anonymised data will be retained for the analysis. ☐
5. I understand that I must NOT take part if any of the following applies to me: ☐
 - I am below the age of 18 years
 - I have experienced sexual violence/ abuse only after the age of 16 years
 - My understanding of English and ability to speak English is not good enough to give informed consent, or take part in an interview
 - I am experiencing current or recent substance use/ alcohol related problems that may impact on my ability to consent and/or engage in an interview
 - I am experiencing current or recent significant mental health difficulties that may impact on my ability to consent and/or engage in an interview or might be negatively affected by my taking part in this interview
 - I am experiencing thoughts of suicide, or risk to myself or others
 - I have NOT experienced any positive change or development related to my personal gender identity (gender role, sexuality) that I could speak about in the interview
6. I agree to take part in the above study. ☐

_____ Participant Name	_____ Date	_____ Signature
_____ Name of Person taking consent	_____ Date	_____ Signature

GENDER ROLE & SEXUALITY IN MALE SURVIVORS

Researcher

Date

Signature**Principal Investigator:**

Dr Gundi Kiemle
BPS/DCP/HCPC registered Clinical Psychologist
& UKCP registered Psychotherapist
Senior Academic Tutor & Admissions Tutor
g.kiemle@liverpool.ac.uk
Doctorate in Clinical Psychology Training Programme
Whelan Building
University of Liverpool
Liverpool L69 3GB
tel: 0151 794 5877/ 5534

Project Researcher:

Hazel Lewis
Trainee Clinical Psychologist
hlewis@liverpool.ac.uk
Doctorate in Clinical Psychology Training Programme
Whelan Building
University of Liverpool
Liverpool L69 3GB
tel: 0151 794 5877/ 5534

Appendix H: Debrief sheet**Positive change and gender role in male sexual violence/abuse survivors.****Participant Debrief Sheet**

Thank you for participating in this study regarding positive change and gender role in male sexual abuse/violence survivors. Your contribution to this research is greatly appreciated as the data collected will be used towards a research dissertation for the doctorate in clinical psychology. It is hoped that the project will be published and therefore contribute to the gap in the research around male survivors. This study aims to explore and understand how positive changes may have occurred, how survivors themselves understand this positive change and growth, and what factors may have helped male survivors to develop, or re-develop, a healthy identity and gender role.

It is possible that the interview has raised issues you may have found distressing to talk about. Therefore, please find more help and information via Male Survivors Partnership (MSP) should you require any support (online; www.malesurvivor.co.uk, tel; 0800 8005005). MSP is a consortium of sexual abuse, rape and exploitation support organisations that offer specialist support to boys and men across the UK. This website offers a directory of national organisations to help make it easier to find services that are local to your area.

There are also other organisations who can make support available, such as the Samaritans, who offer a 24 hour free confidential listening service to anyone in distress (online; www.samaritans.org tel; 116 123) and MIND, who provide mental health information and support (online; www.mind.org.uk tel; 0300 1233393).

In addition, Bob Balfour (CEO West Yorkshire Survivors) will also be available (email; male@bensplace.support tel; 01274 965009) should you require extra support whenever it may be needed.

If you are unhappy, or if there is a problem, please feel free to let us know by contacting Dr Gundi Kiemle (details below) and we will try to help. If you remain unhappy, or have a complaint which you feel you cannot come to us with, then you should contact the Research Governance Officer on 0151 794 8290 or at ethics@liv.ac.uk. When contacting the Research Governance Officer, please provide details of the name or description of the study (so that it can be identified), the researcher(s) involved, and the details of the complaint you wish to make.

If you have any questions or concerns regarding this research or you are interested in the results of the study, please contact:

Hazel Lewis (Project Researcher) hlewis@liverpool.ac.uk 0151 794 5877/ 5534

Dr. Gundi Kiemle (Principal Investigator) g.kiemle@liverpool.ac.uk 0151 794 5877/ 5534

Thank you once again for your participation.

Appendix I: Interview topic guide

Interview Schedule

Study Title: Positive change and gender role in male sexual violence/abuse survivors.

1. Introduction

Thank the participant for volunteering their time.

“Please tell me a little bit about how you came across the advert for this study, and what made you decide to take part? What were your thoughts about the topic?”

2. Context of your violence/abuse experience.

“Could you tell me a little about yourself at the time when the violence/abuse occurred? What happened? You don’t have to tell me what actually happened, but could you tell me a bit about you at that time – e.g. how old were you at the time, and what was happening in your family/ school/ life at the time? Was the violence/abuse an isolated incident, or did it happen over a period of time?”

Prompts may include, for example:

“How did what you experienced affect you – at the time, and subsequently? What things changed for you?”

“How did this impact on you emotionally / physically / psychologically?”

“What happened when you disclosed the violence/abuse?”

“Who did you tell, and when? Why them? How did they respond?”

3. Perception of male stereotypes

“What is your understanding of the term ‘masculinity’?”

Prompts may include, for example:

“What words, expressions, or characteristics do you associate with this term?”

“What is your understanding of the term, ‘male gender role’?”

Prompts may include, for example:

“What words or characteristics do you associate with this term?”

“What is your understanding of the term, ‘male sexuality’?”

Prompts may include, for example:

“What words or characteristics do you associate with this term?”

“What messages have you received in your life about ‘being a man’ or ‘how to be a man’?”

“What messages have you received in your life about how men are supposed to:

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-Respond to sexual violence/abuse? (if it happens to them, or to someone they know)

-Cope with emotional stress/psychological difficulties?"

1. Gender role growth

How did the violence/abuse affect your sense of self/ gender/ masculinity/ sexuality at the time when it was happening?

Prompts may include, for example:

"How did you think and feel about yourself at that time, in terms of your sense of self?"

"How did you think and feel about yourself at that time in terms of your gender role and your masculinity (sense of being a man)?"

"And what about your sense of your sexuality, at that time?"

"Did anything else changed ,and if so, how?"

"I wonder if you could say a little bit more about masculinity and taking control of your own life – what did that mean to you then? What does it mean to you now?"

"How did the violence/abuse affect your sense of self/ gender/ masculinity/ sexuality in the time after the violence/abuse?"

Prompts may include, for example:

"How did you think and feel about yourself afterwards, in terms of your sense of self?"

"How did you think and feel about yourself afterwards, in terms of your gender role and your masculinity (sense of being a man)?"

"And what about your sense of your sexuality, afterwards?"

"Did anything else change ,and if so, how?"

"How have your thoughts and feelings changed over time?"

"How do you make sense of these changes? How do you understand them or explain them?"

"In what way do these changes feel like positive changes, positive growth and development to you?"

"How might things have been different for you, if you had got help earlier?"

2. Positive change

"What positive psychological/emotional change and growth have you experienced as a result of your struggle to survive the effects of the violence/abuse?"

Prompts may include, for example:

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“What positive things can you do now that perhaps you couldn’t before, as a result of our struggle to survive the effects of the violence/abuse?”

“Has this changed any aspects of your personality?”

“How have your relationships with others changed?”

“In what other ways have you experienced any positive change or growth?”

“Please can you give me some actual examples.”

“Can we talk a bit about how the positive personal growth and change you have experienced has impacted on your experience of any intimate relationships you (might) have had over the years?”

*“...How has it*impacted on establishing intimate relationships?”*

*“...How has it*impacted on maintaining intimate relationships?”*

“What about your sense of self in any intimate relationships you (might) have had over the years – how has your sense of self in intimate relationships changed over the years, as a result of any positive growth and change you have experienced?”

“What about your sense of masculinity in any intimate relationships you (might) have had over the years – how has that changed over the years?”

1. Determinants of PTG

“What has helped you achieve these positive changes?”

Prompts may include, for example:

“What did you do, or do differently, that helped you develop and experience some positive change over time? Please can you give me some actual examples.”

“What helped? What didn’t help?”

“What support have you had? What has been the most helpful? Why?”

“Who has been there for you throughout the journey? What did that person do that made the difference?”

“What mental strategies have helped you process the violence/abuse experience? e.g. replaying things over in your head, ruminating on these, blocking things out, disassociation, or thinking about what happened in a different way (and if so, how)?”

2. Ending

“Was there anything else you would like to mention that you think is important that has not been covered so far in the interview?”

Thank the participant for taking part.

Appendix J: Approval from University of Liverpool Clinical Psychology Programme

University of Liverpool
L69 3GB

D.Clin.Psychology Programme
Division of Clinical Psychology
Whelan Building, Quadrangle
Brownlow Hill
LIVERPOOL
L69 3GB

Tel: 0151 794 5530/5534/5877
Fax: 0151 794 5537
www.liv.ac.uk/dclinpsychol

Hazel Lewis
Clinical Psychology Trainee
Doctorate of Clinical Psychology Doctorate Programme

1st August 2016

RE: Post-traumatic growth and gender role (re)development in male sexual abuse/ assault survivors. Trainee:

Hazel Lewis

Supervisors: Dr Gundi Kiemle, Dr Michelle Lowe

Dear Hazel,

Thank you for your response to the reviewers' comments of your research proposal submitted to the D.Clin.Psychol. Research Review Committee (letter not dated, submitted 18/07/16).

I can now confirm that your amended proposal (version 2, dated 18/07/16) meet the requirements of the committee and have been approved by the Committee Chair. Please note the Committee have raised a few points overleaf for your attention to discuss with your supervisors as a work in progress

Please take this Chairs Action decision as **final** approval from the committee.

You may now progress to the next stages of your research.

I wish you well with your research project.

A handwritten signature in black ink, appearing to be 'Dr Catrin Eames'.

Dr Catrin Eames
Vice-Chair D.Clin.Psychol. Research Review Committee.

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Appendix K: Approval from University of Liverpool Ethics

Research Ethics Subcommittee for Non-Invasive

Procedures 12 April 2017

Dear Dr Kiemle,

We are pleased to inform you that your application for research ethics approval has been approved. Details and conditions of the approval can be found below:

Reference: 1069
 Project Title: Positive change and gender role in male sexual abuse survivors
 Principal Investigator/Supervisor: Dr Gundi Kiemle
 Co-Investigator(s): Mrs Hazel Lewis
 Lead Student Investigator: -
 Department: School of Psychology (including DClinPOsych)
 Reviewers: Dr Marieke Riethof
 Approval Date: 12/04/2017
 Approval Expiry Date: Five years from the approval date listed above
 The application was **APPROVED** subject to the following conditions:

Conditions

- All serious adverse events must be reported via the Research Integrity and Ethics Team (ethics@liverpool.ac.uk) within 24 hours of their occurrence.
- If you wish to extend the duration of the study beyond the research ethics approval expiry date listed above, a new application should be submitted.
- If you wish to make an amendment to the research, please create and submit an amendment form using the research ethics system.
- If the named Principal Investigator or Supervisor leaves the employment of the University during the course of this approval, the approval will lapse. Therefore it will be necessary to create and submit an amendment form using the research ethics system.
- It is the responsibility of the Principal Investigator/Supervisor to inform all the investigators of the terms of the approval.

Kind regards,

Research Ethics Subcommittee for Non-Invasive Procedures ethics@liverpool.ac.uk

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Appendix L: Further information about epistemology and the analytic process

Social constructionism postulates that experiences and perceptions are influenced by history, culture and language and the same event can therefore be experienced differently (Willig, 1999). Whilst either experience is accurate, it is how each is subjectively perceived that creates more than one ‘meaning’ to an event. Analysis of such ‘meanings’ enables understanding of the social realities that exist within specific cultures and allows us to theorise about human functioning. Therefore, social constructionist TA was employed to explore how concepts and language were used by participants to form socially constructed ideas (e.g. masculinity).

Analysis was also informed by Foucauldian theory (1982) which posits the notion that power relationships exist in all interactions and societies and this is often expressed through language and practices. Foucauldian analysis would therefore look at how participants ‘position’ themselves in their talk. For example, language used may indicate a perception of power (i.e. ‘victim’ may imply a sense of powerlessness, given the helpless nature of the role, whereas ‘survivor’ may infer a sense of being powerful, given the notion that one has outlived an adversity). Foucauldian analysis therefore seems pertinent to understanding the growth experiences of male survivors, given the potential variation of power relationships throughout their journeys.

This analytic approach is considered suitable over other qualitative methods such as interpretative phenomenological analysis, grounded theory and discourse analysis, as it focuses on patterns of social processes across the dataset, rather than an idiographic stance or development of a novel theory (Ryan & Bernard, 2003). Furthermore, as TA is not linked to any epistemological position, the flexibility of drawing on social constructionism and Foucauldian theory enables a streamlined framework to explore the research aims, which cannot be achieved with ‘bottom up’ analytic approaches.

Appendix M: Excerpt from reflective diary

Tuesday 19th September 2017

As this was my first interview, I was feeling quite nervous. With it being over video call, I was unsure how this would go. I wanted to make sure that I asked all the right questions but I was also worried about fitting everything into the hour we had. I noticed the participant often struggled to finish his sentences and would say 'sort of' and 'you know' at times. I considered how my responses at times (appearing as I have understood what he meant) might be difficult in the analysis stage as assumptions may bias the results. Note to self for the next interview; invite participants to explain what they mean and if necessary, follow up on his answers a more to get clarification.

Friday 15th December 2017

I have completed three interviews over the last two days. I have noticed that I've been thinking about some of the content from the interviews. Whilst the study is not necessarily focused on the abuse experience per se, many participants have spoken about their experiences during the interviews. I was struck how shocking and grave many of the abuse experiences have been. Until now, I have never had to think about CSA in this much detail. The process seems to have brought out a range of emotions for me, I have felt saddened and frustrated at times, perhaps from the sense of helplessness I feel for the participants' pasts. However, I have also felt fascinated with the courage and durability of the participants and proud of what they have achieved. As a trainee psychologist, I am learning the value of being part of someone's growth journey. Gundi and I have arranged an extra supervision session to discuss my reactions to the emotional content evident in the interviews, which I think will be helpful.

Appendix N: Example of coding in NVivo***Code: Learning it wasn't my fault***

<Internals\\Interview 1 Jack> - § 1 reference coded [1.56% Coverage]

Reference 1 - 1.56% Coverage

Jack: Erm, I think if, when you have the counselling, like one of the, it's quite important when you have a stranger say like you know, like this is not your fault this shouldn't have happened, which seems like a really simple thing

Hazel: Yeah

Jack: But when, but that being said, you know by a therapist or someone who's detached from you, by a professional, someone who's detached from who you are, is sort of quite important and that helps to erm, sort of, not really define who you are as a person but sort of re-examine and sort of take the, you know, you can put it in a box in the corner and it's never going to quite go away but can sort of put it in a box in the corner and its sort of constantly popping up in your head

<Internals\\Interview 10 Paul> - § 1 reference coded [1.18% Coverage]

Reference 1 - 1.18% Coverage

Paul: oh erm I tried to hide that for a long long time. I wasn't confident about it erm, felt ashamed to talk about it, I felt that maybe the reason it had happened was because I was in the equation and therefore I was the dynamic or the catalyst the made it happen. It took me a long time until I was early 30s to understand that in fact it had nothing to do with me. Erm I was in the power dynamic and I didn't have the power or the domination that was entirely due to the adults.

<Internals\\Interview 12 Toby> - § 1 reference coded [2.99% Coverage]

Reference 1 - 2.99% Coverage

Toby: that was the I think that was the break through moment for me in therapy, was this idea that err irrespective of how I'd been conditioned if you like by him err that it wasn't, there was nothing that I did in terms of my actions that in any way made me complicit, that somehow and these are all of the lies that he told me that it was my fault, you know that I'd done this or I'd done that or I'd encouraged. You know one of the things that he said to me is that I'd encouraged him to do these things to me erm and so you know that sticks with you that sort of stuff sticks with you. So you so then I you know from a kind of self-loathing perspective it's like well you know I encouraged all of these things so these things happened and look how, look how terrible things are for me now because of all all you know all of these things and I think come my mid 20s the idea of being gay no longer sort of really being an issue, fantastic. But then I couldn't then, I basically repressed what had happened to me as a kid so much

Hazel: yes

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Toby: that there was no there was no link there any more

Hazel: yes

Toby: so I'd I'd then kind of ended up in a therapeutic environment and you know therapist is sort of stringing all these things together and saying, I don't think it's about your partner your ex and I don't think about your Mother or your Father. Just putting all these things together and saying there's something missing here you know did anything happen to you as a kid. So yes and then a lot of things start to make sense

<Internals\\Interview 3 Mathew> - § 2 references coded [3.05% Coverage]

Reference 1 - 1.73% Coverage

Mathew: (pause) erm, (pause) not so angry now, before I was really angry, angry at the world, and like, feeling, why me, and well, now I have learnt it, it wasn't me, its him, it's always gone through, why did I go there, why did I do this, why did he do that to me, and now I know , that, whatever I would have done, he would have done it to me, his intensions were, to do what he did to me, so

Hazel: and when did that, when did you notice that the anger wasn't there as much, and that you were able to be, erm, be less angry?

Mathew: erm, (pause) after the second set of counselling I had, cos the first set, I didn't really open up I was too scared to open up, it wasn't the fact that, I really liked her, she was a really good counsellor, I just didn't have the confidence myself, and then, I think, it was a 2 year break, and then, when I had the breakdown at Christmas time, they suggested that it might be a good idea to go back counselling again, and I just opened up to everything, explored everything, my feelings, and then, I think, yeah, the penny just sort of dropped then, that, it wasn't my fault.

Reference 2 - 1.32% Coverage

Mathew: erm, yeah, yeah, I don't remember so much now, but, it's like, what I said earlier, I was always thinking, it's always me, why me, now, I know now, that his intentions were (pause) to do what he did to me, he knew I was a fine boy, and I was in a place, I was in a mental hospital for children, (laughs) I don't know if I was on medication or not, I can't remember, but, I probably was, erm, but he took advantage of me, whereas, before, I just, you know, you go through thinking - did I ask for that? And, I know I didn't?

Hazel: so there's a period of you blaming yourself almost?

Mathew: right, yeah, or question myself you know, why did I, not let him but, why, why choose me, why do this, did I do anything to encourage it, or, anything like that, now I know I didn't, but, lots of questions that were, erm, asking myself several times, so

<Internals\\Interview 5 Ben> - § 2 references coded [2.14% Coverage]

Reference 1 - 1.68% Coverage

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Hazel: I'm just thinking is it about understanding what's happened to you was it that

Ben: yes

Hazel: that's the big thing that's helped you?

Ben: yes and understanding and by that you accept that it's not your fault. What my father did to me was not my fault his problem not mine I were the victim 100% I didn't encourage him, I wasn't going that's ok dad you can do that yes go on lets do this now, no there was nothing. But its almost as if these answers are hidden from you

Hazel: yes

Ben: because you're too full of anger especially young men they will use anger as a defence mechanism with young males all the time. So that takes away you're logical thinking you can't think logically when you're raging so one of the things I do with my young lads is to get them to calm down that might take me 2 or 3 weeks 3 or 4 sessions but eventually we'll get there

Hazel: yes

Ben: and then when you start filling in those blocks like myself that's when you sort of you start working out the realities of it not this distorted vision that's in your head with the reality of what's taken place. I were a victim simple as that, my father beat me, starved me, my mother watched so we go over all these times so what did you expect I'm not going to turn out a fucking nice little teenager were I. So bye so then it all starts to fit, why do I still feel lonely sometimes abandonment issues, why am I so scared of this that, because its all and when you've got the answers in your head it stops the kick form them it doesn't beat you up as much and then you start it all starts to fit together then and it makes it now so you sort of think God I wish I could go back in my life. But there's many times I also think no because I am what I am and I am here where I am

[illegible]

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Appendix P: Thematic map

